FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		FOI AII A	utilorizea Com	millee			Office Use O	nly	
1. NAME OF COMMIT	TEE (in full)	USE FEC MAIL OR TYPE OR P		xample:If typing, to	type				
Bill Shuster	r for Congress						1 1 1 1		
ADDRESS (nu	umber and street)	PO Box 27							
	ck if different					1 1 1 1			
	previously rted. (ACC)	Hollidaysbu	rg			[PA]	16648	3	
2. FEC IDEN	NTIFICATION NUM	MBER ¥	CITY 🛦			STATE		CODE A	-
C00	364935		3. IS THIS REPORT	X NEW	OR	AME (A)	NDED	PA J	<u> [9</u>
	F REPORT (C	Choose One)	(b) 12-Day PF	RE-Election Repo	rt for the:				
x	April 15 Quarterly	Report (Q1)		Primary (12P	')	Genera	I (12G)	Rund	off (12R)
H				Convention (12C)	Special	(12S)		
	July 15 Quarterly F October 15 Quarte		Election on					n the State of	
	January 31 Year-E	End Report (YE)	(c) 30-Day PC	DST -Election Rep	ort for the:				
				General (300	à)	Runoff	(30R)	Spec	cial (30S)
	Termination Repor	t (TER)	Election on					n the State of	
5. Covering	Period 0 1	0 1	2007	through	03	3 1	200	7	
I certify that I h	nave examined this	-	best of my knowled	ge and belief it is	true, correct	and complete) .		
Type or Print N	Name of Treasurer	Frederi	ck A Ciocca						
Signature of Tr	reasurer Electro	onically Filed by	Frederick A Cio	cca	[Date 0 4	13	2	007
NOTE : Submi	ission of false, erro	neous, or incompl	ete information may	subject the person	on signing th	is Report to th	ne penalties of 2	2 U.S.C 43	37g.
Offic Use	e						I	FORM 3	

Image# 27930544313

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Bill Shuster for Congress ° D 0 1 03 2007 From: 0 1 2007 3 1 Report Covering the Period: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 66360.00 78375.00 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds .00 .00 (from Line 20(d))..... (c) Net Contributions (other than loans) 66360.00 78375.00 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 94707.98 159194.50 (from Line 17)..... (b) Total Offsets to Operating 536.65 1773.35 Expenditures (from Line 14)..... (c) Net Operating Expenditures 157421.15 94171.33 (subtract Line 7(b) from Line 7(a))...... Cash on Hand at Close of 36561.26 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on .00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 45203.08 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Bill Shuster for Congress ° D 0 1 2007 03 2007 From: 0 1 Report Covering the Period: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 23950.00 28475.00 (i) Itemized (use Schedule A)..... 1410.00 3650.00 (ii) Unitemized..... (iii) TOTAL of contributions 25360.00 32125.00 from individuals..... .00 .00 (b) Political Party Committees..... (c) Other Political Committees 41000.00 46250.00 (such as PACS)..... .00 .00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 66360.00 78375.00 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER .00 .00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the .00 .00 Candidate..... 30000.00 30000.00 (b) All Other Loans..... (c) TOTAL LOANS 30000.00 30000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 536.65 1773.35 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS .00 .00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 96896.65 110148.35

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date 94707.98 159194.50 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER .00 .00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed .00 .00 by the Candidate..... .00 .00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS .00 .00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other .00 .00 Than Political Committees..... .00 .00 (b) Political Party Committees..... (c) Other Political Committees .00 .00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS .00 .00 (add Lines 20(a), (b), and (c))..... 2511.00 6276.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 97218.98 165470.50 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 36883.59 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 96896.65 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... 133780.24 25. SUBTOTAL (add Line 23 and Line 24)..... 97218.98 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 36561.26 (subtract Line 26 from Line 25).....

IT	CHEDULE A (FEC Form 3 EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 78 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Victor C Barringer Mailing Address PO Box 829 City Weldon FEC ID number of contributing federal political committee. Name of Employer Coastal Lumber Company	State NC C Occupation Presiden		Date of Receipt M M J D D J 2 0 0 7 Transaction ID: SA11Ai-CN5382 Amount of Each Receipt this Period 500.00 Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Peggy J Bosma-LaMascus Mailing Address 120 Kenwood Road City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<u>Chambersburg</u>	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Patriot Federal Credit Union Receipt For: 2008 X Primary General Other (specify) ▼	Occupation President Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
.	Full Name (Last, First, Middle Initial) Art G Bruaw, Jr.			Date of Receipt
	Mailing Address PO Box 277			03 26 7 2007
	City	State	Zip Code	Transaction ID: SA11Ai-CN5415
	Saint Thomas FEC ID number of contributing federal political committee.	C	17252	Amount of Each Receipt this Period 500.00
	Name of Employer E. C. Barnes Inc	_, -	t/Distributor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
T	OTAL This Period (last page this line numb	er only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 78	
	EMIZED RECEIPTS	'	or each category of the	(check only one)	
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 11d	
				12 13a 13b 14 15	
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	l Statements may he name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) Colin A Chapman			Date of Receipt	
	Mailing Address 1613 Brookside Rd			03 / 15 / Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5385	
	Mc Lean	VA	22101	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer The Rhoads Group	Occupation Vice Pres		Limit Increased Due to Opponent's	
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General			7	
	Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Richard Kenton Curtis			Date of Receipt	
	Mailing Address 500 Carousel Court			03 26 2007	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5408	
	Gaithersburg	MD	20877	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer	Occupation	1		
	Professional Inspection & Testing Serv	Vice Pres		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)	
	X Primary General Other (specify) ▼		1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) Jeffrey W Embly			Date of Receipt	
	Mailing Address 214 Phoenix Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5403	
	Chambersburg	PA	17201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer	Occupation	1	Ⅎ	
	Orrstown Financial Servic- es Inc	Senior VI		Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)		I	2500.00	
H	OTAL This Period (last page this line numb				

	CHEDULE A (FEC Form 3) FEMIZED RECEIPTS any information copied from such Reports and Statements many		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 78 (check only one) X 11a 11b 11c 11d 12 13a 13b 14 11	5
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
	Full Name (Last, First, Middle Initial) Harry N Fix Mailing Address 2356 Majestic Court City	State	Zip Code	Date of Receipt M	
	Chambersburg	PA	17201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1500.00	
	Name of Employer Valley Quarries Inc. Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Retired Election C	ycle-to-Date ▼ 1500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
3.	Full Name (Last, First, Middle Initial) Darin L Gardner Mailing Address 14503 Pleffner Ct			Date of Receipt	_
		State	Zip Code	03 23 2007	
	City Bowie	MD	20720	Transaction ID: SA11Ai-CN5396 Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C	20120	500.00	
	Name of Employer Hoffman - La Roche Inc Receipt For: 2008 X Primary General Other (specify) ▼	1	n ctor - Govt Relations ycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<u> </u>	Full Name (Last, First, Middle Initial) Duane R Gibson			Date of Receipt	_
	Mailing Address 23 West Irving			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5383	
	Chevy Chase FEC ID number of contributing federal political committee.	C	20815	Amount of Each Receipt this Period 500.00	
	Name of Employer The Livingston Group	Occupation Associate		Limit Increased Due to Opponent's	
	Receipt For: 2008 X Primary General Other (specify)	Election C	ycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)	
SI	UBTOTAL of Receipts This Page (optional)			2500.00	
т	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / /8
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) A. Maxine L Gindlesperger			Date of Receipt
Mailing Address 165 Highfield Ln N			03 26 7 2007
City	State	Zip Code	Transaction ID: SA11Ai-CN5409
Chambersburg	PA	17201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer e-lynxx Corporation	Occupation COO		Limit Increased Due to Opponent's
Receipt For: 2008	Election Cy	vcle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) 3. Johnson M Green			Date of Receipt
Mailing Address 4450 Dexter Street NW			03 / 23 / 2007
City	State	Zip Code	Transaction ID: SA11Ai-CN5397
Washington	DC	20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Oglivy Government Relatio-	Occupation		7
ns	Managing		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election Cy	vcle-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) 2. Peter S Izzo			Date of Receipt
Mailing Address 2 Vista PI			03 / 15 / 2007
City	State	Zip Code	Transaction ID: SA11Ai-CN5378
Red Bank	NJ	07701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Merrill Lynch	Occupation		7
	Finance		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election Cy	/cle-to-Date ▼	Speriding (2 0.3.0. 441a(1)/441a-1)
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
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	ULE A (FEC Form 3) ED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMB (check only one) X 11a 11 12 13	b
Any information for for comme	ation copied from such Reports and St nercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of a solicit contributions f	soliciting contributions from such committee.
\	OF COMMITTEE (In Full) uster for Congress				
Mailing City	ne (Last, First, Middle Initial) oontz Address 315 1st St N nnellsburg	State PA	Zip Code 17233		
federal	number of contributing colitical committee. f Employer Village Shopping	Occupation	1		200.00
Center Receipt X Pr	For: 2008	Partner Election C	ycle-to-Date ▼ 300.00	Spending (2	sed Due to Opponent's ? U.S.C. 441a(i)/441a-1)
3. Alan R L	ne (Last, First, Middle Initial) .oessy Address 371 Roland Avenue			Date of Receip	t 2 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		: SA11Ai-CN5406
FEC ID	persburg number of contributing political committee.	C	17201	Amount of Eac	h Receipt this Period 500.00
Receipt X Pı	f Employer enny Army Depot For: 2008 rimary General ther (specify) ▼		fairs Officer ycle-to-Date 500.00		sed Due to Opponent's ! U.S.C. 441a(i)/441a-1)
_	ne (Last, First, Middle Initial) K Maloney			Date of Receip	t .
	Address 3020 Macomb Street N	W		M M / D 0 2	23 2007
City Washi	ngton number of contributing	State DC	Zip Code 20008		b: SA11Ai-CN5371 h Receipt this Period
federal	political committee.	C			1000.00
Receipt X Pr	f Employer ist Group LLC For: 2008 rimary General ther (specify) ▼	Occupation Vice Pres Election C			sed Due to Opponent's 2 U.S.C. 441a(i)/441a-1)
SUBTOTA	AL of Receipts This Page (optional)				1700.00
TOTAL T	his Period (last page this line number o	only))		

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 78 (check only one) X 11a 11b 11c 11d
Any	rinformation copied from such Reports and or commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full) Bill Shuster for Congress		,,,	
4. /	Full Name (Last, First, Middle Initial) Amy D McKennis Mailing Address 440 12th St NE Apt #107 City	State	Zip Code	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F f	Washington FEC ID number of contributing rederal political committee. Name of Employer Global USA Inc.	C Occupation	20002	Amount of Each Receipt this Period 250.00
_	Global USA Inc. Receipt For: 2008 X Primary General Other (specify) ▼	Vice Pres	sident cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3. [Full Name (Last, First, Middle Initial) Rosemarie R McNew Mailing Address 995 Black Gap Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fayetteville	State PA	Zip Code 17222	Transaction ID: SA11Ai-CN5407 Amount of Each Receipt this Period
F	FEC ID number of contributing dederal political committee.	C	1722	1000.00
ا <u>د</u>	Name of Employer Professional Inspection & Test Receipt For: 2008 X Primary General Other (specify) ▼	Occupation President Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) Craig J Nitterhouse			Date of Receipt
N	Mailing Address 1785 Falling Spring F	Road		03 26 2007
<u>(</u> F	City Chambersburg FEC ID number of contributing rederal political committee.	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN5410 Amount of Each Receipt this Period 1500.00
_	Name of Employer Franklin Storage Inc. Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Partner/C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SU	BTOTAL of Receipts This Page (optional) .			2750.00
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S	CHEDULE A (FEC Form 3)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 11 / 78		
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An	y information copied from such Reports and St	atements may	v not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
/	,					
/	Bill Shuster for Congress					
_	Full Nieron (Londo Final Affaille Indial)					
١	Full Name (Last, First, Middle Initial) Steven M Parrett, DDS			Date of Receipt		
٦.				− '		
	Mailing Address 543 Lincoln Way E			03 26 2007		
	Cit.	Ctata	7in Codo			
	City	State	Zip Code	Transaction ID: SA11Ai-CN5417		
	Chambersburg	PA	17201	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		1000.00		
	federal political committee.			1000.00		
	N (5)	10		4		
	Name of Employer Self Employed	Occupation	n	Line's language of Donata Opposite		
		Dentist		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Sportaing (2 5.5.5. 44 (4)) 44 (4)		
	X Primary General		1000.00			
	Other (specify)		1000.00			
	Full Name (Last, First, Middle Initial)					
3.	Matt H Phillips			Date of Receipt		
	Mailing Address 541 Granados Ave S			M M / D D / Y Y Y Y		
				02 02 2007		
	City	State	Zip Code	Transaction ID: SA11Ai-CN5363		
	Solana Beach	CA	92075	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer	Occupation	n			
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Speriding (2 0.5.0. 44 ra(1)/44 ra-1)		
	X Primary General	-	050.00	1		
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial)					
Э.	Dr. Sohael M Raschid			Date of Receipt		
	Mailing Address 773 Rosewood Ct			M M / D D / Y Y Y Y		
				03 26 2007		
	City	State	Zip Code	Transaction ID: SA11Ai-CN5411		
	Chambersburg	PA	17201	Amount of Each Receipt this Period		
	FEC ID number of contributing			4000.00		
	federal political committee.	C		1000.00		
	Name of Employer Women's Health Profession-	Occupation				
	als		Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Opending (2 0.0.0. 441a(1)/441a-1)		
	X Primary General	' '	1000.00	1		
	Other (specify)		1000.00			
S	UBTOTAL of Receipts This Page (optional)			2250.00		
	OTAL This Period (last page this line number of					

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 78 (check only one) X
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Jeffrey N Reeder Mailing Address 10970 McFarland Rd City Mercersburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17236	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Universal Projects Inc Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Business Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) L Michael Ross Mailing Address 330 Overhill Drive City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chambersburg FEC ID number of contributing federal political committee.	PA C	17201	Amount of Each Receipt this Period
	Name of Employer Franklin Co Area Dev Corp Receipt For: 2008 X Primary General Other (specify) ▼		n c developer/President eycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
D .	Full Name (Last, First, Middle Initial) Donald A Ruggery, Sr. Mailing Address 37 Clara Vista Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Ai-CN5360
	Hollidaysburg FEC ID number of contributing federal political committee.	C	16648	Amount of Each Receipt this Period 500.00
	Name of Employer Spherion Corp Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Owner Election C	cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			3000.00
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SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 78
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d 11d
A. Standing and Co.		, ,	12 13a 13b 14 15
Any information copied from such Reports and Stror for commercial purposes, other than using the \ensuremath{I}	name and addre	of be sold or used by any persol ss of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) 1. David E Schaffer			Date of Receipt
Mailing Address 9205 Hambletonian Pla	ace		03 15 2007
City	State	Zip Code	Transaction ID: SA11Ai-CN5381
Vienna	VA	22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer David E Schaffer Assoc LLC		w & Government Relations	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify)	Election Cycl	le-to-Date ▼ 500.00	Sperioring (2 0.5.0. 44 ra(1)/44 ra-1)
Full Name (Last, First, Middle Initial) David G Sciamanna			Date of Receipt
Mailing Address 575 Montgomery Avenu		7. 0.1.	03 / 26 / 2007
City Chambersburg	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN5402 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Greater Chambersburg Cham- ber of Comm	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify)	Election Cyc	le-to-Date ▼ 1000.00	— opending (2 0.0.0. 44 ra(i)/44 ra 1)
Full Name (Last, First, Middle Initial) Lawrence D Shea			Date of Receipt
Mailing Address 7837 Tangleoak Ln			02 02 2007
City	State	Zip Code	Transaction ID: SA11Ai-CN5365
Castle Rock	CO	80108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		Limit Increased Due to Opponent's
Receipt For: 2008	Election Cyc	le-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0 0	250.00	
SUBTOTAL of Receipts This Page (optional))	1750.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/78	
ITEMIZED RECEIPTS	•	or each category of the	(check only one)	
Emices ileveli iv		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	ig the name and add	ness of any political committee to	Solicit Contributions from Such Committee.	
Bill Shuster for Congress				
Full Name (Last, First, Middle Initial) A. Mark W Szanca			Date of Receipt	
Mailing Address 44 3rd Ave W			02 26 7 2007	
City	State	Zip Code	Transaction ID: SA11Ai-CN5395	
Everett	PA	15537	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Szanca Solutions Inc	Occupation President		VPFE0E72320B - edonation com Limit Increased Due to Opponent's	
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General Other (specify) ▼		1000.00		
Full Name (Last, First, Middle Initial) 3. Justin S Tipp	1		Date of Receipt	
Mailing Address PO Box 2271			02 02 2007	
City	State	Zip Code	Transaction ID: SA11Ai-CN5364	
Del Mar	CA	92014	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) C. Richard L. Vaught			Date of Receipt	
Mailing Address 111 Beckman Dr S	5		0 2 D D D D D D D D D D D D D D D D D D	
City	State	Zip Code	Transaction ID: SA11Ai-CN5362	
Altoona	PA	16602	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General Other (specify) ▼	0 0	250.00		
SUBTOTAL of Receipts This Page (option	nal)		1500.00	
TOTAL This Period (last page this line nur	mber only)			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 15/78 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Date of Receipt J Joseph Zimmerman Mailing Address 2257 Castlegreen Drive 03 15 2007 City State Zip Code Transaction ID: SA11Ai-CN5377 Greencastle PA 17225 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Valley Quarries Inc Occupation **Executive Vice President** Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	23950.00

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 78				
ITEMIZED RECEIPTS	or each category of the	(check only one)				
	Detailed Summary Page	12 13a 13b 14 15				
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,					
Bill Shuster for Congress						
Full Name (Last, First, Middle Initial) Dealers Election Action		Date of Receipt				
Mailing Address 8400 Westpark Drive		03 / 15 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11C-CN5391				
Mc Lean	VA 22102	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C C00040998	1000.00				
Name of Employer None	Occupation None	Limit Increased Due to Opponent's				
Receipt For: 2008	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)				
X Primary General	1000.00	7				
Other (specify) ▼						
Full Name (Last, First, Middle Initial) PPL People For Good Govt		Date of Receipt				
Mailing Address Two North Ninth Street		03 / 15 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11C-CN5393				
Allentown	PA 18101	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C C00228106	1000.00				
Name of Employer None	Occupation	Limit Increased Due to Opponent's				
Receipt For: 2008	None Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)				
X Primary General	1000.00	7				
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Blank Rome LLP		Date of Receipt				
Mailing Address 600 New Hampshire A	ve NW	03 23 2007				
City	State Zip Code	Transaction ID: SA11C-CN5400				
Washington	DC 20037	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C C00150797	1000.00				
Name of Employer None	Occupation	Limit Ingressed Due to Consults				
Receipt For: 2008	None Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
X Primary General		7				
Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)					
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TOTAL This Period (last page this line number of	UI IIY)					

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 78
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	arric aria adi	areas or any pointed committee to	Solicit Contributions from Sacri Committee.
Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) A. Brotherhood Of Railroad Signalmen			Date of Receipt
Mailing Address 917 Shenandoah Shores	s Rd		03 15 2007
City	State	Zip Code	Transaction ID: SA11C-CN5388
Front Royal	VA	22630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0011262	1000.00
Name of Employer None	Occupatio None	n	Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) 3. CSX Corp Good Govt Fund			Date of Receipt
Mailing Address 1331 Pennsylvania Aver Suite 560 National Place			02 / 02 / 2007
City	State	Zip Code	Transaction ID: SA11C-CN5367
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0163832	2500.00
Name of Employer None	Occupatio	n	
	None	Visile to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election	Cycle-to-Date ▼	
Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car Company			Date of Receipt
Mailing Address 600 Corporate Park Dr			03 / 15 / 2007
City	State	Zip Code	Transaction ID: SA11C-CN5392
Saint Louis	MO	63105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0219642	1000.00
Name of Employer None	Occupatio	n	
	None Floation C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election	Cycle-to-Date ▼	
Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			4500.00
TOTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Foley & Lardner Political Fund Inc.			Date of Receipt
	Mailing Address 3000 K St NW Suite 500			03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20007	Transaction ID: SA11C-CN5386 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0105338	1000.00
	Name of Employer None	Occupation None	1	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Sperialing (2 0.3.0. 441a(1)/441a-1)
В.	Full Name (Last, First, Middle Initial) NACS			Date of Receipt
	Mailing Address 1600 Duke Street City	State	Zip Code	0 3
	Alexandria	VA	22314	Transaction ID: SA11C-CN5376 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0126763	5000.00
	Name of Employer None	Occupation None	١	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 5000.00	Speriuling (2 0.3.0. 441a(1)/441a-1)
C .	Full Name (Last, First, Middle Initial) Norfolk Southern Corp Good Govt Fund			Date of Receipt
	Mailing Address Three Commerical Place			02 23 7 2007
	City Norfolk	State VA	Zip Code 23510	Transaction ID: SA11C-CN5373
	FEC ID number of contributing federal political committee.		0009282	Amount of Each Receipt this Period 2500.00
	Name of Employer None	Occupation None	1	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 2500.00	Spending (2 0.3.0. 441a(1)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			8500.00
Т	OTAL This Period (last page this line number of	nly))	

SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 19 / 78
·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b _X 11c 11d
		, ,	12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Bill Shuster for Congress			
Full Name (Last, First, Middle Initial)			Date of Descript
A. MRA-Political Victory Fund Mailing Address 11250 Waples Mill Ro	ad		Date of Receipt
Cit.	Ctata	7in Codo	03 28 2007
City Fairfax	State VA	Zip Code 22030	Transaction ID: SA11C-CN5419 Amount of Each Receipt this Period
		22000	
FEC ID number of contributing federal political committee.	C CO	0053553	1000.00
Name of Employer None	Occupatio	n	
	None		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	generally (2 cross result)
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial)			
Owner Operator Independent Drivers			Date of Receipt
Mailing Address 1101 30th Street NW			03 15 2007
City	State	Zip Code	Transaction ID: SA11C-CN5390
Washington	DC	20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0236778	1000.00
Name of Employer None	Occupatio	n	
	None		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	Sportaling (2 5.5.5. 4414(1)/4414 1)
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) 2. Portland Cement Association Inc			Date of Receipt
Mailing Address 500 New Jersey Ave N	١W		M M / D D / Y Y Y Y
Seventh Floor	Ctata	7:- Oada	03 15 2007
City Washington	State DC	Zip Code 20001	Transaction ID: SA11C-CN5379 Amount of Each Receipt this Period
*		20001	
FEC ID number of contributing federal political committee.	C CO	0237065	2500.00
Name of Employer None	Occupatio	n	
	None	Civole to Date -	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	
Other (specify)		2500.00	
SUBTOTAL of Receipts This Page (optional) .	1		4500.00
(optional) .			
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 78
TEMIZED RECEIPTS	or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	11a 11b X 11c 11d 12d 13a 13b 14 15
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any perso me and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Bill Shuster for Congress		
Full Name (Last, First, Middle Initial) A. Reliant Energy Inc		Date of Receipt
Mailing Address PO Box 148	7.0	02 23 2007
City Houston	State Zip Code TX 77001	Transaction ID: SA11C-CN5372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00081455	1000.00
Name of Employer None Receipt For: 2008	Occupation None Election Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 8. Ryder Employees		Date of Receipt
Mailing Address 3600 Northwest 82nd Ave	03 / 15 / 2007	
City Miami	State Zip Code FL 33166	Transaction ID: SA11C-CN5387
	FL 33166	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00088435	1000.00
Name of Employer None	Occupation	Limit Increased Due to Opponent's
Receipt For: 2008	None Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Safari Club International		Date of Receipt
Mailing Address 4800 W. Gates Pass Roa	ad	02 26 7 2007
City	State Zip Code	Transaction ID: SA11C-CN5374
Tucson	AZ 85745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00122101	1000.00
Name of Employer None	Occupation None	Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number onl	y)	

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 78
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	c name and add	dress of any political committee to	Solicit Contributions from Such Committee.
Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) A. Sonnenschein			Date of Receipt
Mailing Address 1301 K Street NW Suite 600 East Tower			03 23 2007
City	State	Zip Code	Transaction ID: SA11C-CN5398
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0216127	1000.00
Name of Employer None	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2008	None Flection C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		·	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) 3. Truck			Date of Receipt
Mailing Address 430 First Street SE			03 15 2007
City	State	Zip Code	Transaction ID: SA11C-CN5389
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0002881	1000.00
Name of Employer None	Occupatio	n	Limit Is a second Burn to Commonths
Receipt For: 2008	None None	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Ziodioii d	· · · · · · · · · · · · · · · · · · ·	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) C. Truck			Date of Receipt
Mailing Address 430 First Street SE			03 15 2007
City	State	Zip Code	Transaction ID: SA11C-CN5380
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0002881	2500.00
Name of Employer None	Occupatio	n	Limit In account Due to Opposite
Receipt For: 2008	None Flection C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Licotion		1
Other (specify) ▼	0 0	3500.00	
SUBTOTAL of Receipts This Page (optional) .			4500.00
TOTAL This Deviced (less pages this line assets)	r only)		
TOTAL This Period (last page this line number	Orny)		

SCHEDULE A (FE ITEMIZED RECEI		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from or for commercial purposes.	such Reports and Statements m other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE Bill Shuster for Cong	(In Full)		
City Washington FEC ID number of contri federal political committee	First Street SE State DC buting	Zip Code 20003 00002881	Date of Receipt M M M
	None 008 Election General	Cycle-to-Date ▼ 4500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, N U.SCuba Democracy Mailing Address 1200 City	liddle Initial) 49th St W State	Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Hialeah FEC ID number of contri federal political committee		33012 00387720	Amount of Each Receipt this Period 1000.00
	Occupati None 008 Election General	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, M Union Pacific Corp FFEG	,		Date of Receipt
Suite City Washington FEC ID number of contri federal political committe Name of Employer None	buting e. C C Occupati		Transaction ID: SA11C-CN5357 Amount of Each Receipt this Period 2500.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	O08 Election General	Cycle-to-Date ▼ 2500.00	
SUBTOTAL of Receipts T	his Page (optional)	·····	4500.00
TOTAL This Period (last p	age this line number only)		. [

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) United Transportation Union Mailing Address 14600 Detroit Avenu City Lakewood FEC ID number of contributing federal political committee. Name of Employer None	State OH	Zip Code 44107 0001636	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: 2008 X Primary General Other (specify) ▼		Sycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) USTeam Mailing Address 100 West Putnam A City		Zip Code	Date of Receipt 0 3
Greenwich	State CT	21p Code 06830	Transaction ID: SA11C-CN5418 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0104851	1000.00
Name of Employer None Receipt For: 2008 X Primary General Other (specify) ▼	Occupation None Election C	rycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) C. Walmart Stores Inc.	<u> </u>		Date of Receipt
Mailing Address 702 SW Eighth Stree	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code 72716	Transaction ID: SA11C-CN5369
Bentonville FEC ID number of contributing federal political committee.	C CO	0093054	Amount of Each Receipt this Period 5000.00
Name of Employer None Receipt For: 2008 X Primary General Other (specify) ▼	Occupatio None Election C	on Cycle-to-Date ▼ 5000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)			8500.00
TOTAL This Period (last page this line numb	er only)		41000.00

FOR LINE NUMBER: PAGE 24/78 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) S&T Bank Date of Receipt Mailing Address Commercial Lending 0.1 19 2007 208 West Plank Road City Zip Code State Transaction ID: SA13b-LN20 Altoona PA 16602 Amount of Each Receipt this Period FEC ID number of contributing C 30000.00 federal political committee. Future Donations & Fundra-Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 30000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	30000.00
TOTAL This Period (last page this line number only)	•	30000.00

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate so or each category Detailed Summa	of the `	FOR LINE NUMBER: PAGE 25 / 78 (check only one) 11a 11b 11c 11d 11d 12 13a 13b X 14 15
	y information copied from such Reports and Sta for commercial purposes, other than using the I				
\rangle	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				_
۹.	Full Name (Last, First, Middle Initial) Valley Forge Suites Mailing Address 888 Chesterbrook Blvd City	State	Zip Code		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Wayne FEC ID number of contributing federal political committee. Name of Employer	PA C Occupation	19087		Amount of Each Receipt this Period 353.48 Expenditure Refund Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼	486.65	Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	•	353.48
TOTAL This Period (last page this line number only)	•	353.48

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 26 / 78 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB19B-LP65 S&T Bank Date of Disbursement 28 0 2 2007 Mailing Address Commercial Lending 208 West Plank Road City State Zip Code Amount of Each Disbursement this Period PA 16602 Altoona .00 Purpose of Disbursement Repay Loan Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2008 House Interest only payment X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB19B-LP66 S&T Bank Date of Disbursement 0 3 2007 Mailing Address Commercial Lending 208 West Plank Road City State Zip Code Amount of Each Disbursement this Period PA 16602 Altoona .00 Purpose of Disbursement Repay Loan Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2008 House Disbursement For: Interest only payment Senate X Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	0.00

Other (specify)

President

District:

State:

S	CHEDULE B (FEC Form 3)	FOR LINE N	NUMBER: PAGE 27/78						
	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only o						
TI EMILED DIODOTIOEMENTO		Detailed Summary Page	X	17 18 19a 19b 20a 20b 20c 21					
	y Information copied from such Reports and State for commercial purposes, other than using the nam								
Λ	NAME OF COMMITTEE (In Full)								
V	Bill Shuster for Congress								
Α.	Full Name (Last, First, Middle Initial) S&T Bank			Transaction ID: SB17-LP65 Date of Disbursement					
	Mailing Address Commercial Lending 208 West Plank Road			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&2&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&B\\2&8\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}$					
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period					
	Purpose of Disbursement	FA 10002		254.38					
	Loan interest Expenditure	L		Refund or Disposal of Excess Contributions Required Under					
	Candidate Name		Category/ Type	11 C.F.R. 400.53					
	Senate President	ement For: 2008 (Primary General Other (specify)		Interest only payment					
	State: District:								
В.	Full Name (Last, First, Middle Initial) S&T Bank			Transaction ID: SB17-LP66 Date of Disbursement					
	Mailing Address Commercial Lending 208 West Plank Road		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D \\ D & Y \\ D & Y \\ D \\ D & Y \\ D & Y \\ D \\ D \\ D & Y \\ D & Y \\ D \\ D & Y \\ D \\ D \\ D \\ D \\ D & Y \\ D \\ D$						
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period					
	Purpose of Disbursement Loan interest Expenditure			206.25 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	°	ement For: 2008 (Primary General Other (specify)		Interest only payment					
	State: District:								
C.	Full Name (Last, First, Middle Initial) US Postal Service			Transaction ID: SB17-EX4750 Date of Disbursement					
	Mailing Address 525 Allegheny Street		$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\D2\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}D\\D2\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}Y\\D2\end{smallmatrix}\end{bmatrix}^Y \begin{smallmatrix}Y\\D0\end{smallmatrix}\end{bmatrix}^Y \begin{smallmatrix}Y\\D0\end{smallmatrix}\end{bmatrix}^Y$						
	City	State Zip Code PA 16648		Amount of Each Disbursement this Period					
	Hollidaysburg		14.00						
	Purpose of Disbursement Postage	001	14.62 Refund or Disposal of Excess						
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	9 🗎	ement For: 2008 Primary General Other (specify)	,	Administrative/Salary/Ove- rhead Expenses					
	State: District:								
s	UBTOTAL of Disbursements This Page (optional)		>	475.25					

C.				
	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 28 / 78
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l ` <u>-</u>	X 17 18 19a 19b
		Botanou Cummary 1 ago		20a 20b 20c 21
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
Λ	NAME OF COMMITTEE (In Full)			
/	Bill Shuster for Congress			
<u></u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4751
A.	US Postal Service			Date of Disbursement
	Mailing Address FOE All and any Other at			03 21 7 2007
	Mailing Address 525 Allegheny Street			
		State Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg	PA 16648		15.60
	Purpose of Disbursement Postage		001	Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
		ement For: 2008		Administrative/Salary/Ove-
	President	Primary General Other (specify) ▼		rhead Expenses
	State: District:	Carron (opening)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4655
В.	William Shuster			Date of Disbursement
	Mailing Address 9 Overlook Drive	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$		
	City	State Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg	PA 16648		10.00
	Purpose of Disbursement Taxi/Car/Bus Expense		002	18.00
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
	· -	ement For: 2008		Travel Expenses
	Senate X President	Primary General Other (specify) ▼		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4671
C.	William Shuster			Date of Disbursement
	Mailing Address 9 Overlook Drive			$\begin{bmatrix} 0 & 2 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement			89.00
	Taxi/Car/Bus Expense		002	Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ement For: 2008	Туре	
	· —	Primary General		Travel Expenses
	President	Other (specify) ▼		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			122.60

SCHEDULE B (FEC For	m 3) Use seperate schedule(NUMBER: PAGE 29/78
ITEMIZED DISBURSEM	for each category of the Detailed Summary Page	(CHECK OIII	y one) X 17
	ports and Statements may not be sold or us n using the name and address of any politic		
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initi A. Circuit City Stores Inc	al)		Transaction ID: SB17-EX4692 Date of Disbursement
Mailing Address 141 Sierra	Drive		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Altoona	State Zip Code PA 16601	_	Amount of Each Disbursement this Period
Purpose of Disbursement Office Expenses Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	Disbursement For: 2008 X Primary General Other (specify)	Туре	11 C.F.R. 400.53 Administrative/Salary/Ove-rhead Expenses
Full Name (Last, First, Middle Initi 3. Ciocca Benton & Company F	•		Transaction ID: SB17-EX4666 Date of Disbursement
Mailing Address 912 Pleasa	02 12 7 2007		
City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
Purpose of Disbursement Professional Services Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2008 X Primary General Other (specify) ▼	I	Administrative/Salary/Ove- rhead Expenses
Full Name (Last, First, Middle Initi Altoona Mirror	(le		Transaction ID: SB17-EX4774 Date of Disbursement
Mailing Address PO Box 20)8		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
Purpose of Disbursement Print Ads		004	88.44 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2008 X Primary General Other (specify) ▼	I	Advertising Expenses
SUBTOTAL of Disbursements This	Page (optional)	>	7758.97
TOTAL This Period (last page this li	ne number only)	>	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	(one)							
Any Information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full) Bill Shuster for Congress										
Full Name (Last, First, Middle Initial) A. PA Department Of Revenue			Transaction ID: SB17-EX4639 Date of Disbursement							
Mailing Address DEPT 280414										
City Harrisburg	State Zip Code PA 17128		Amount of Each Disbursement this Period							
Purpose of Disbursement Payroll Taxes Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
- H	sement For: 2008 K Primary General Other (specify)	Туре	Administrative/Salary/Ove- rhead Expenses							
Full Name (Last, First, Middle Initial) 3. Verizon			Transaction ID: SB17-EX4627 Date of Disbursement							
Mailing Address PO Box 646	Mailing Address PO Box 646									
City Baltimore	State Zip Code MD 21265		Amount of Each Disbursement this Period							
Purpose of Disbursement Telephone Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
ÿ	sement For: 2008 K Primary General Other (specify)	Туре	Administrative/Salary/Ove- rhead Expenses							
Full Name (Last, First, Middle Initial) Verizon			Transaction ID: SB17-EX4663 Date of Disbursement							
Mailing Address PO Box 646			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & T \end{smallmatrix} \end{bmatrix} $							
City Baltimore	State Zip Code MD 21265		Amount of Each Disbursement this Period							
Purpose of Disbursement Telephone		001	155.65 Refund or Disposal of Excess							
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
• 🗎	sement For: 2008 ✓ Primary General Other (specify) ▼		Administrative/Salary/Ove- rhead Expenses							
SUBTOTAL of Disbursements This Page (optional	SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number only	/))								

C									
SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT		-		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 31 / 78 vone)			
		rs	for each category of the Detailed Summary Page		_ `	X 17			
	y Information copied from such Reports a for commercial purposes, other than usin					or the purpose of solicating contributions licit contributions from such committee			
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Bill Shuster for Congress								
Α.	Full Name (Last, First, Middle Initial) Verizon					Transaction ID: SB17-EX4723 Date of Disbursement			
	Mailing Address PO Box 646					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ D & O & Y \end{smallmatrix} \end{bmatrix}$			
	City Baltimore		State MD	Zip Code 21265		Amount of Each Disbursement this Period			
	Purpose of Disbursement Telephone				001	159.46 Refund or Disposal of Excess			
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disburser X	nent For: Primary Other (spe	2008 General		Administrative/Salary/Ove- rhead Expenses			
	State: District:								
В.	Full Name (Last, First, Middle Initial) State Farm Insurance					Transaction ID: SB17-EX4769 Date of Disbursement			
	Mailing Address 715 Lexington A		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & V \end{smallmatrix} \end{bmatrix} $						
	City Altoona		State PA	Zip Code 16601		Amount of Each Disbursement this Period			
	Purpose of Disbursement Insurance		001	300.00 Refund or Disposal of Excess					
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disburser X	nent For: Primary Other (spe	2008 General		Administrative/Salary/Ove- rhead Expenses			
	State: District:		C ii. ic. (Gpc	oy) ∀					
C.	Full Name (Last, First, Middle Initial) PA UC Fund					Transaction ID: SB17-EX4636 Date of Disbursement			
	Mailing Address PO Box 68568					$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
	City Harrisburg		State PA	Zip Code 17106		Amount of Each Disbursement this Period			
	Purpose of Disbursement					466.47			
	Payroll Taxes Candidate Name				001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate	Disburser	Primary	2008 General	Туре	Administrative/Salary/Ove-rhead Expenses			
	President State: District:		Other (spe	сіту) 🔻					
 s	UBTOTAL of Disbursements This Page	(optional)				925.93			

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedul for each category of the Detailed Summary Pa	ne ´	FOR LINE (check only	one)
	y Information copied from such Reports and Sta for commercial purposes, other than using the r				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) NRCC				Transaction ID: SB17-EX4631 Date of Disbursement O 1
	Mailing Address 320 First Street SE				01 22 2007
	City Washington	State Zip Code DC 20003			Amount of Each Disbursement this Period
	Purpose of Disbursement Dues		П	001	25000.00
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ursement For: 2008 X Primary Gene Other (specify) ▼	ral		Administrative/Salary/Ove- rhead Expenses
_	State: District:				
В.	Full Name (Last, First, Middle Initial) Ramada Inn Mailing Address One Sheraton Drive				Transaction ID: SB17-EX4658 Date of Disbursement O 2
	Mailing Address One Sheraton Drive				12 .200.
	City Altoona	State Zip Code PA 16601			Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Candidate Name			003 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disb Senate President	ursement For: 2008 X Primary Gene Other (specify) ▼	ral		Solitication and Fundraising Expenses
	State: District:				
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club				Transaction ID: SB17-EX4682 Date of Disbursement
	Mailing Address 300 First Street SE				$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & 0 & 0 \\ 0 & 0 & 0 & M \end{bmatrix}$
	City Washington	State Zip Code DC 20003			Amount of Each Disbursement this Period
	Purpose of Disbursement Meals Candidate Name			002	54.52 Refund or Disposal of Excess Contributions Required Under
			_ `	Category/ Type	11 C.F.R. 400.53
	Senate President	ursement For: 2008 X Primary Gene Other (specify) ▼	ral		Travel Expenses
	State: District:				
۱,	IIRTOTAL of Dishursements This Page (ontion	nal)			25188.44

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B (FEC Form 3) Use seperate schedule(s)					E NUMBER: PAGE 33 / 78				
ITEMIZED DISBURSEMENTS		for each cate Detailed Sum	gory of the nmary Page		X 17				
	y Information copied from such Reports and State for commercial purposes, other than using the na								
\setminus	NAME OF COMMITTEE (In Full)								
V	Bill Shuster for Congress								
Α.	Full Name (Last, First, Middle Initial) Capitol Hill Club				Transaction ID: SB17-EX4732 Date of Disbursement				
	Mailing Address 300 First Street SE				2007				
	City Washington		p Code 0003		Amount of Each Disbursement this Period				
	Purpose of Disbursement Meals		Г	002	286.23 Refund or Disposal of Excess				
	Candidate Name		-	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	sement For: X Primary Other (specify)	2008 General	7,62	Travel Expenses				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers				Transaction ID: SB17-EX4743 Date of Disbursement				
	Mailing Address One North Second Stre	$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$							
	City Harrisburg		p Code 7101		Amount of Each Disbursement this Period				
	Purpose of Disbursement Lodging		002	156.25 Refund or Disposal of Excess					
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	ÿ	sement For: X Primary Other (appoint)	2008 General		Travel Expenses				
	State: District:	Other (specify)	∀						
C.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers				Transaction ID: SB17-EX4744 Date of Disbursement				
	Mailing Address One North Second Stre	$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}3^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}1^D\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^Y\\0^Y\end{smallmatrix}7^Y$							
	City Harrisburg		p Code 7101		Amount of Each Disbursement this Period				
	Purpose of Disbursement	0 0	12.50						
	Meals Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Senate	sement For: X Primary	2008 General	NI: -	Travel Expenses				
	State: President State:	Other (specify) ▼						
s	UBTOTAL of Disbursements This Page (optiona)			454.98				

S	SCHEDULE B (FEC Form 3)				1	FOR LINE NUMBER: PAGE				34 / 78		
ITEMIZED DISBURSEMENTS			Use seperate schedule(s) for each category of the			(check only						
THE MILES BIODOTTOLIMETTO			Detailed	Summary Page			X 17 20a		18 20b	19a 20c		19b 21
	Any Information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so											
Λ	NAME OF COMMITTEE (In Full)											
/	Bill Shuster for Congress											
Α.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers									SB17-	EX4	745
							Date of Disbursement 0 3 2 1 2 0 0 7					
	Mailing Address One North Seco	ond Street					0 3		2	1	2	2 0 0 7 °
	City Harrisburg		State PA	Zip Code 17101			Amou	ınt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement			-								156.25
	Lodging				Ļ	002				sposal o Require		
	Candidate Name					ategory/ Type			.R. 40		50 OI	idei
	Office Sought: House		ment For:	2008			Trave	el Ex	pense	es		
	Senate President	X	Primary Other (spe	General								
	State: District:		Other (opt	∀								
	Full Name (Last, First, Middle Initial)						Trans	eacti	on ID:	SB17-	EX1	746
В.	Hilton Harrisburg and Towers						Date	of Di	sburse	ement		
	Mailing Address One North Second Street							$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				2 0 0 7 °
	City Harrisburg		State PA	Zip Code 17101			Amou	ınt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement Meals							-6	d au Di		·	32.04
	Candidate Name		002 ategory/	C	ontrik		sposal o Require 0.53					
	Office Sought: House	Disburse	ment For:	2008		Туре	_					
	Senate		Primary	General			Trave	el Ex	pense	es		
	President		Other (spe	ecify) 🔻								
	State: District:											
C.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers								on ID: sburse	SB17-l ement	EX4	747
	Mailing Address One North Second Street							M /	^D 2	D /	ÝŽ	2007
	City		State	Zip Code			Amoi	ınt of	Fach	Dishurs		nt this Period
	Harrisburg PA 17101								Laon	Diobaro	CITICI	
	Purpose of Disbursement											215.57
	Lodging Candidate Name	002 ategory/ Type	C	ontrik		sposal o Require 0.53						
	Office Sought: House	Disburse	ment For:	2008		. 760	Trovo	J Ev	nonc	20		
	Senate	X	Primary	General			Trave	ı⊏X	pense	7 5		
	State: President District:		Other (spe	ecify) 🔻								
Г	2.0	l									_	
s	UBTOTAL of Disbursements This Page	(optional) .				>		0				403.86

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SCHEDULE B (FEC Form 3)			Use seperate schedule(s)			-	NUMBER:	PAGE 35 / 78			
ITEMIZED DISBURSEMENTS			for each category of the			(check onl	<u> </u>				
		Detailed	Summary Page		-	X 17 18 20a 20b	19a 19b 20c 21				
				for the purpose of solica dicit contributions from s		_					
\setminus	NAME OF COMM	MITTEE (In Full)									
/	Bill Shuster for	Congress									
<u></u>	Full Name (Last	First, Middle Initial)						T		_	
A.	IS2 Technologi							Transaction ID: SB Date of Disburseme	nt		
	Mailing Address	3018 Pleasant V	alley Blvd	I				02 / 12	2007		
	City Altoona			tate PA	Zip Code 16602			Amount of Each Dis	bursement this Period	_	
	Purpose of Disbu	ırsement					204		364.81		
	Office Expenses 001 Candidate Name Category							Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under		
						Т	уре	11 G.F.R. 400.5	3		
	Office Sought:	House Senate President		nent For: Primary Other (spe	2008 General			Administrative/Sa rhead Expenses	lary/Ove-		
	State:	District:		(-	····, •						
	Full Name (Last,	First, Middle Initial)						Transaction ID: SB	B17-FX4715	_	
В.	Amtrak							Date of Disburseme	nt		
	Mailing Address	Market Street						02 / 12	['] 2007		
	City Philadelphia			tate PA	Zip Code 19019			Amount of Each Dis	bursement this Period	Ξ	
	Purpose of Disbu	 irsement	·		10010				472.00		
	Train						002	Refund or Dispo		ī	
	Candidate Name						tegory/ -ype	Contributions Re			
	Office Sought:	House Senate	Disbursen	nent For: Primary	2008 General			Travel Expenses			
		President		Other (spe							
	State:	District:									
_	•	First, Middle Initial)						Transaction ID: SB	317-EX4665		
C.	Trail Blazer Ca	ampaign Services In	IC.					Date of Disburseme	nt		
	Mailing Address 5115 Excelsior Blvd Suite 103							02 12	2007		
	City Minneapolis			tate //N	Zip Code 55416			Amount of Each Dis	bursement this Period	_	
	Purpose of Disbu	ırsement						L	2000.00		
	Office Expenses Candidate Name						001	Refund or Dispo Contributions Re			
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	Office Sought:	House	Disbursen	nent For:	2008			Administrative/Sa	lary/∩ye-		
		Senate		Primary	General			Administrative/Sa rhead Expenses	iai y/OVE-		
	Chata	President		Other (spe	ecify)			-			
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SCHEDULE B (FEC Form 3)								
	Use seperate schedule(s)	FOR LINE (check only						
ITEMIZED DISBURSEMENTS	for each category of the	l ` <u>-</u>						
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or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
Bill Shuster for Congress								
Full Name (Last, First, Middle Initial) The Congressional Institute			Transaction ID: SB17-EX4770 Date of Disbursement					
Mailing Address 316 Pennsylvania Aveni Suite 403	ue SE		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period					
Purpose of Disbursement			943.00					
Lodging		002	Refund or Disposal of Excess					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
Senate President	ement For: 2008 Primary General Other (specify)		Travel Expenses					
State: District:								
Full Name (Last, First, Middle Initial) 3. American Express			Transaction ID: SB17-EX4683 Date of Disbursement					
Mailing Address PO Box 360002		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & T \end{smallmatrix} \end{bmatrix} $						
City Fort Lauderdale	State Zip Code FL 33335		Amount of Each Disbursement this Period					
Purpose of Disbursement		• •	228.86					
Bank Service Charge		001	Refund or Disposal of Excess Contributions Required Under					
Candidate Name		Category/ Type	11 C.F.R. 400.53					
9 🗎	ement For: 2008 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses					
State: District:								
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB17-EX4684 Date of Disbursement					
Mailing Address PO Box 360002			$\begin{bmatrix}\begin{smallmatrix}M & 2 & M \\ 0 & 2 & M \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D & 1 & 2 \\ 1 & 2 \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & 0 & 0 \\ 2 & 0 & 0 & 7 \end{smallmatrix}\end{bmatrix}$					
City	State Zip Code		Amount of Each Disbursement this Period					
Fort Lauderdale	FL 33335		60.00					
Bank Service Charge	Purpose of Disbursement Bank Service Charge							
Candidate Name		O01 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
Senate >	ement For: 2008 Primary General		Administrative/Salary/Ove- rhead Expenses					
President State: District:	Other (specify)							
Giale. Dialiici.								
SUBTOTAL of Disbursements This Page (optional))	1231.86					

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	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 37 / 78
IT	EMIZED DISBURSEMENTS		category of the Summary Page	1 ` <u>-</u>	X 17 18 19a 19b
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	y Information copied from such Reports and St for commercial purposes, other than using the				
Λ	NAME OF COMMITTEE (In Full)				
17	Bill Shuster for Congress				
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A.	Full Name (Last, First, Middle Initial) American Express				Transaction ID: SB17-EX4685 Date of Disbursement
	Mailing Address PO Box 360002				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix}^{M} \begin{bmatrix} \begin{smallmatrix} D \\ 1 & 2 \end{smallmatrix} \end{bmatrix}^{D} \begin{bmatrix} \begin{smallmatrix} D \\ 2 & 2 & 0 & 0 \\ 7 \end{smallmatrix} \end{bmatrix}^{Y}$
	City Fort Lauderdale	State FL	Zip Code 33335		Amount of Each Disbursement this Period
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	Bank Service Charge			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	- 11111	ursement For:	2008		Administrative/Salary/Ove-
	Senate President	X Primary Other (spe	General		rhead Expenses
	State: District:	Outer (ope	ony) \		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4733
В.	American Express				Date of Disbursement
	Mailing Address PO Box 360002		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$		
	City	State	Zip Code		Amount of Each Disbursement this Period
	Fort Lauderdale	FL	33335		35.00
	Purpose of Disbursement Bank Service Charge		I	001	
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Country House		0000	Туре	11 0.1 11. 400.50
	Office Sought: House Disb	ursement For: X Primary	2008 General		Administrative/Salary/Ove- rhead Expenses
	President	Other (spe	ecify)		mead Expenses
	State: District:				
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4734
C.	American Express				Date of Disbursement
	Mailing Address PO Box 360002				$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	City Fort Lauderdale	State FL	Zip Code 33335		Amount of Each Disbursement this Period
	Purpose of Disbursement		T r		330.87
	Bank Service Charge			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disb	ursement For:	2008		Administrative/Salary/Ove-
	Senate	X Primary	General		rhead Expenses
	President	Other (spe	ecify) 🔻		
_	State: District:				
s	UBTOTAL of Disbursements This Page (option	nal)			440.87

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S	CHEDULE B (FEC Form 3	3)	Use sepe	erate schedule(s)		NUMBER: PAGE 38 / 78				
IT	EMIZED DISBURSEMEN	TS	for each	category of the ((Crieck only					
			Detailed	Summary Page		X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports for commercial purposes, other than usi					for the purpose of solicating contributions licit contributions from such committee				
Λ	NAME OF COMMITTEE (In Full)									
/	Bill Shuster for Congress									
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4702	_			
Α.	Allegro Restaurant					Date of Disbursement				
	Mailing Address 3926 Broad Ave	enue				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 7 \\ & 2 & 0 & 0 & 7 \end{bmatrix}$				
	City Altoona		State PA	Zip Code 16601		Amount of Each Disbursement this Period				
	Purpose of Disbursement				-	270.45				
	Meals Candidate Name				002 Category/	Refund or Disposal of Excess Contributions Required Under				
	Odrididate Name				Type	11 C.F.R. 400.53				
	Office Sought: House	Disburser		2008		Travel Expenses				
	Senate President	X	Primary Other (spe	General						
	State: District:		Otrici (Spe	(2011y) ∀						
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4706				
В.	Benjamin Hotel					Date of Disbursement				
	Mailing Address 125 East 50th 9	Street				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 7 & Y \end{bmatrix}$				
	City		State	Zip Code		Amount of Each Disbursement this Period				
	New York Purpose of Disbursement	l	NY	10022		1140.22	l			
	Lodging				002	Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House	Disburser		2008		Travel Expenses				
	Senate President	X	Primary Other (spe	General		·				
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_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4707				
C.	Benjamin Hotel					Date of Disbursement				
	Mailing Address 125 East 50th 9	Street				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & Y & Y \\ & 2 & 0 & 0 & 7 \end{bmatrix}$				
	City New York		State VY	Zip Code 10022		Amount of Each Disbursement this Period	1			
	Purpose of Disbursement				000	1140.22				
	Lodging Candidate Name				002 Category/	Refund or Disposal of Excess Contributions Required Under				
					Type	11 C.F.R. 400.53				
	Office Sought: House	Disburser		2008		Travel Expenses				
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S	CHEDULE B	(FEC Form 3)		FORLINE	NUMBER: PAGE 39/78						
		BURSEMENT	' Use sep	erate schedule(s) category of the	(check only							
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						for the purpose of solicating contributions licit contributions from such committee						
\setminus	NAME OF COMM	ITTEE (In Full)										
\rangle	Bill Shuster for	, ,										
Α.	Full Name (Last, F ATLANTIC broa					Transaction ID: SB17-EX4626 Date of Disbursement						
	Mailing Address	Box 371801				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Pittsburgh		State PA	Zip Code 15250		Amount of Each Disbursement this Period						
	Purpose of Disbur Utilities	sement			001	Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought:	House Senate President	Disbursement For: X Primary Other (spe	2008 General ecify)		Administrative/Salary/Ove- rhead Expenses						
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В.	Full Name (Last, F ATLANTIC broa					Transaction ID: SB17-EX4647 Date of Disbursement						
	Mailing Address	Box 371801				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} $						
	City Pittsburgh			Amount of Each Disbursement this Period								
	Purpose of Disbur Utilities	sement			001	54.02 Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought:	House Senate	Disbursement For: X Primary	2008 General		Administrative/Salary/Ove- rhead Expenses						
	State:	President District:	Other (spe	ecity) 🔻								
	Full Name (Last, F					Transaction ID: SB17-EX4662						
C.	ATLANTIC broa	,				Date of Disbursement						
	Mailing Address	Box 371801				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{bmatrix} & / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$						
	City Pittsburgh		State PA	Zip Code 15250		Amount of Each Disbursement this Period						
	Purpose of Disbur Utilities	sement			001	103.95 Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought:	House Senate President	Disbursement For: X Primary Other (spe	2008 General ecify) ▼		Administrative/Salary/Ove- rhead Expenses						
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50	CHEDULE B (FEC Form 3)	Use seperate sched	lule(s)	FOR LINE	_	PAGE 40 / 78					
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary P	the	(check only	X 17	19a 19b 20c 21					
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) Bill Shuster for Congress										
Α.	Full Name (Last, First, Middle Initial) ATLANTIC broadband				Transaction ID: SB17-EX4674 Date of Disbursement 0 2 8 7 2 0 0 7						
	Mailing Address Box 371801				02 28 2007						
	City Pittsburgh	State Zip Code PA 15250			Amount of Each Disb						
	Purpose of Disbursement Utilities Candidate Name		C	001 category/ Type	Refund or Dispos Contributions Rec 11 C.F.R. 400.53	54.02 al of Excess juired Under					
	9 🗎	ement For: 2008 Primary Ger Other (specify)	3 neral	,	Administrative/Salarhead Expenses	ary/Ove-					
В.	Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801				Transaction ID: SB1 Date of Disbursemen	-					
	City Pittsburgh	State Zip Code PA 15250	;		Amount of Each Disb						
	Purpose of Disbursement Utilities Candidate Name	C	001 category/ Type	Refund or Dispos Contributions Rec 11 C.F.R. 400.53							
	9 🗎	ement For: 2008 Primary Ger Other (specify)	aneral		Administrative/Sala rhead Expenses	ary/Ove-					
C.	Full Name (Last, First, Middle Initial) ATLANTIC broadband				Transaction ID: SB1 Date of Disbursemen						
	Mailing Address Box 371801				03 / 21	y žo v v					
	City Pittsburgh	State Zip Code PA 15250	,		Amount of Each Disb	ursement this Period					
	Purpose of Disbursement Utilities		001	Refund or Dispos	54.02						
	Candidate Name	C	ategory/ Type	Contributions Rec	uired Under						
	9 🗎	ement For: 2008 Primary Ger Other (specify)	3 neral		Administrative/Sala rhead Expenses	ary/Ove-					
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				Detailed	ounimary r age		20a 20b 20c 21					
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$\overline{\ }$	NAME OF COMM	√IITTEE (In Full)										
/	Bill Shuster for	Congress										
Δ	,	First, Middle Initial)					Transaction ID: SB17-EX4653					
٠.	CenPenn Realt	iy LLC					Date of Disbursement					
	Mailing Address	513 Allegheny S	Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & O & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
	City Hollidaysburg			tate PA	Zip Code 16648		Amount of Each Disbursement this Period					
	Purpose of Disbu	rsement	<u>'</u>		10040		500.00					
	Rent					001	Refund or Disposal of Excess					
	Candidate Name					Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought:	House Senate	Disbursem	nent For: Primary	2008 General		Administrative/Salary/Ove-					
		President		Other (spe			rhead Expenses					
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.	•	First, Middle Initial)					Transaction ID: SB17-EX4676					
Э.	CenPenn Realt	ty LLC					Date of Disbursement					
	Mailing Address	513 Allegheny S	Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y \\ Z & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y \\ Z & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y \\ Z & D & D \end{smallmatrix} \end{bmatrix} $					
	City		S	tate	Zip Code		Amount of Each Disbursement this Period					
	Hollidaysburg			PA	16648							
	Purpose of Disbu Rent	rsement				001	500.00					
	Candidate Name					001 Category/	Refund or Disposal of Excess Contributions Required Under					
						Туре	11 C.F.R. 400.53					
	Office Sought:	House	Disbursem		2008		Administrative/Salary/Ove-					
		Senate President		Primary Other (spe	General		rhead Expenses					
	State:	District:		(0)	····)/ \							
_	•	First, Middle Initial)					Transaction ID: SB17-EX4763					
٥.	CenPenn Realt	ty LLC					Date of Disbursement					
	Mailing Address	513 Allegheny S	Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$					
	City Hollidaysburg			tate PA	Zip Code 16648		Amount of Each Disbursement this Period					
	Purpose of Disbu	rsement					500.00					
	Rent					001	Refund or Disposal of Excess					
	Candidate Name					Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought:	House	Disbursem	nent For:	2008	A1	Administrativo/Salary/Ovo					
		Senate		Primary	General		Administrative/Salary/Ove- rhead Expenses					
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s	UBTOTAL of Dish	oursements This Page	(optional)				1500.00					

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S	CHEDULE B (FEC F	orm 3)	Use seperat	e schedule(s)		NUMBER:	PAGE 42/78
IT	EMIZED DISBURSE	MENTS	for each cate	egory of the ((check only		10- T 10b
			Detailed Sur	nmary Page			19a 19b 20c 21
	y Information copied from such for commercial purposes, other						
Λ	NAME OF COMMITTEE (In Fi	ull)					
17	Bill Shuster for Congress						
<u></u>	Full Name (Last, First, Middle I	nitial)				Transaction ID: SB	
A.	S&T Bank	,				Date of Disbursemen	nt
	Mailing Address 208 Wes	st Plank Road				$\begin{bmatrix} 0 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 \end{bmatrix}$	Y ŽOÕ7
	City Altoona			ip Code 6602		Amount of Each Disk	oursement this Period
	Purpose of Disbursement						25.00
	Bank Service Charge				001	Refund or Dispos	
	Candidate Name				Category/ Type	11 C.F.R. 400.53	
	Office Sought: House Senate		ment For: Primary	2008 General		Bank Service Char	·ge
	Preside		Other (specify				
	State: District:	_	` ` `	•			
_	Full Name (Last, First, Middle I	nitial)				Transaction ID: SB	17-EX4637
В.	S&T Bank					Date of Disbursemen	
	Mailing Address 208 Wes	st Plank Road				01 31	Y ŽOĎ7
	City			ip Code		Amount of Each Disk	oursement this Period
	Altoona Purpose of Disbursement		PA 1	6602			26.02
	Payroll Taxes				001	Refund or Dispos	
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Under
	Office Sought: House		ment For:	2008		Admin <u>is</u> trative/Sala	ary/Ove-
	Senate Preside		Primary Other (specify	General ✓		rhead Expenses	•
	State: District:		(0,000)	,, ▼			
_	Full Name (Last, First, Middle I	nitial)				Transaction ID: SB	17-EX4638
C.	S&T Bank					Date of Disbursemen	
	Mailing Address 208 Wes	st Plank Road				01	2007
	City Altoona			ip Code 6602		Amount of Each Disk	oursement this Period
	Purpose of Disbursement						56.00
	Payroll Taxes			001	Refund or Dispos		
	Candidate Name				Category/ Type	11 C.F.R. 400.53	
	Office Sought: House		ment For:	2008		Administrative/Sala	ary/Ove-
	Senate		Primary	General		rhead Expenses	ai y/ ○ v G-
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Г	Otate. District.						
١	IIRTOTAL of Dishursements T	his Page (ontional)					107.02

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	CHEDULE B (FEC Form 3	Use sep	perate schedule(s)	FOR LINE (check only	NUMBER: PAGE 43/78
IT	EMIZED DISBURSEMENTS		category of the Summary Page	l `	X 17
	y Information copied from such Reports and for commercial purposes, other than using				
\setminus	NAME OF COMMITTEE (In Full)				
	Bill Shuster for Congress				
A.	Full Name (Last, First, Middle Initial) S&T Bank				Transaction ID: SB17-EX4646 Date of Disbursement
	Mailing Address 208 West Plank F	load			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Altoona	State PA	Zip Code 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge			001	25.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (sp	2008 General		Bank Service Charge
	State: District:				
В.	Full Name (Last, First, Middle Initial) S&T Bank				Transaction ID: SB17-EX4679 Date of Disbursement
	Mailing Address 208 West Plank F	load			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Altoona	State PA	Zip Code 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes			001	26.02 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (sp	2008 General ecify)		Administrative/Salary/Ove- rhead Expenses
	State: District:		<i>37</i> , v		
C.	Full Name (Last, First, Middle Initial) S&T Bank				Transaction ID: SB17-EX4722 Date of Disbursement
	Mailing Address 208 West Plank F	load			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Altoona	State PA	Zip Code 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge		Γ	001	25.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (sp	2008 General		Bank Service Charge
_	State: District:				
s	UBTOTAL of Disbursements This Page (o	otional)			76.02

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	CHEDULE B (FEC F EMIZED DISBURSE	•	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 44 / 78 y one) X 17 18 19a 19b 20a 20b 20c 21
						for the purpose of solicating contributions licit contributions from such committee
\rangle	NAME OF COMMITTEE (In F Bill Shuster for Congress	ull)				
Α.	Full Name (Last, First, Middle Cingular Wireless Mailing Address PO Box	,				Transaction ID: SB17-EX4649 Date of Disbursement O 1
	City Carol Stream Purpose of Disbursement Telephone		State IL	Zip Code 60197	001	Amount of Each Disbursement this Period 230.25 Refund or Disposal of Excess
	Candidate Name Office Sought: House Senate Preside	X	ement For: Primary Other (spe	2008 General	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Ove- rhead Expenses
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В.	Full Name (Last, First, Middle Cingular Wireless Mailing Address PO Box	,				Transaction ID: SB17-EX4675 Date of Disbursement M 2 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Carol Stream		State IL	Zip Code 60197		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate Preside State: District:	Х	ement For: Primary Other (spe	2008 General		Administrative/Salary/Ove- rhead Expenses
	Full Name (Last, First, Middle	 Initial)				Transaction ID: SB17-EX4764
C.	Cingular Wireless	······································				Date of Disbursement
	Mailing Address PO Box	6416				$\begin{bmatrix}\begin{smallmatrix}M\\0&3\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2&7\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0&0&7\end{smallmatrix}$
	City Carol Stream		State IL	Zip Code 60197		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name				001 Category/	222.98 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Senate Preside State: District:	X	ement For: Primary Other (spe	2008 General	Type	11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses
Г	otate. District.					
s	UBTOTAL of Disbursements T	his Page (optional)				666.35

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	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 45/78						
IT	EMIZED DISBURSEMENTS		category of the Summary Page	I ` <u>-</u>	X 17 18 19a 19b 20a 20b 20c 21						
	y Information copied from such Reports and St for commercial purposes, other than using the										
abla	NAME OF COMMITTEE (In Full)										
	Bill Shuster for Congress										
Α.	Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa				Transaction ID: SB17-EX4703 Date of Disbursement						
	Mailing Address 1001 LaFayette Drive)			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Farmington	State PA	Zip Code 15437		Amount of Each Disbursement this Period						
	Purpose of Disbursement Meals			002	110.50 Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2008 General		Travel Expenses						
	State: District:		<i>37</i> , v								
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4716						
B.	Nemacolin Woodlands Resort & Spa				Date of Disbursement						
	Mailing Address 1001 LaFayette Drive		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$								
	City	State PA	Zip Code 15437		Amount of Each Disbursement this Period						
	Farmington Purpose of Disbursement	ГА	15457		7413.82						
	Fundraising Candidate Name			003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2008 General		Solitication and Fundraising Expenses						
	State: District:	Other (spe	ecity) 🔻								
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4672						
C.	Jeffrey Loveng				Date of Disbursement						
	Mailing Address 228 W. Windsor Ave	nue			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & B \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$						
	City Alexandria	State VA	Zip Code 22301		Amount of Each Disbursement this Period						
	Purpose of Disbursement Meals			002	310.87 Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2008 General		Travel Expenses						
	State: District:		•••								
S	UBTOTAL of Disbursements This Page (optio	nal)			7835.19						

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)) FOR LINE (check only	NUMBER: PAGE 46 / 78
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Λ	y Information copied from such Reports and St	stomente may not be cald or	d by any nerse:	20a 20b 20c 21
	for commercial purposes, other than using the r			
\setminus	NAME OF COMMITTEE (In Full)			
//	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4775
A.	Jeffrey Loveng			Date of Disbursement
	Mailing Address 228 W. Windsor Aver	nue		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Alexandria	State Zip Code VA 22301		Amount of Each Disbursement this Period
	Purpose of Disbursement			186.92
	Meals Candidate Name		002	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	9 🗎	ursement For: 2008		Travel Expenses
	Senate President	X Primary General Other (specify)		•
	State: District:	Carior (openity)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4652
В.	e2c consulting Inc.			Date of Disbursement
	Mailing Address PO Box 29576			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington Purpose of Disbursement	DC 20017		4000.00
	Campaign Consultant		003	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disb	ursement For: 2008 X Primary General		Solitication and Fundrais-
	President	Other (specify)		ing Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4677
٥.	e2c consulting Inc.			Date of Disbursement
	Mailing Address PO Box 29576			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Washington	State Zip Code DC 20017		Amount of Each Disbursement this Period
	Purpose of Disbursement			4000.00
	Campaign Consultant Candidate Name		003 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Type	11 C.F.R. 400.53
		ursement For: 2008		Solitication and Fundrais-
	Senate President	X Primary General Other (specify) ▼		ing Expenses
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<u> </u>	NAME OF COMM	•	,					
\rangle	Bill Shuster for	` ,						
۹.	Full Name (Last, e2c consulting	First, Middle Initial) Inc.					Transaction ID: SE Date of Disburseme	ent
	Mailing Address	PO Box 29576					$\begin{array}{c c} & \begin{array}{c c} & & \\ \end{array} & \begin{array}{c c} & & \\ \end{array} & \begin{array}{c c} & \\ & \end{array} & \begin{array}{c c} & \\ \end{array} & \begin{array}{c $	['] 2007 [']
	City Washington			tate DC	Zip Code 20017		Amount of Each Dis	bursement this Period
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	Campaign Consu Candidate Name	ltant				003 Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
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3.	Canan Station	First, Middle Initial) Print Shoppe					Transaction ID: SE Date of Disburseme	ent
	Mailing Address	PO Box 632					$\begin{array}{c c} & & & \\ & & & \\ \end{array}$	['] 2007
	City Altoona			tate PA	Zip Code 16603		Amount of Each Dis	bursement this Period
	Purpose of Disbu	rsement	Г	A	10003	000		137.81
	Candidate Name					003 Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
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Э.	Full Name (Last, Canan Station	First, Middle Initial) Print Shoppe					Transaction ID: SE Date of Disburseme	_
	Mailing Address	PO Box 632					03 / 29	2007
	City Altoona			tate PA	Zip Code 16603		Amount of Each Dis	bursement this Period
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	Candidate Name					Category/ Type	Contributions Re	
	Office Sought:	House Senate President		nent For: Primary Other (spe	2008 General		Solitication and F ing Expenses	undrais-
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or	for commercial purposes, other than	using the nam	e and addre	ss of any political	l com	mittee to so	licit con	tribut	ions fr	om s	such c	comr	nittee
	NAME OF COMMITTEE (In Full)												
	Bill Shuster for Congress												
Α.	Full Name (Last, First, Middle Initial)							ion ID	_		X47	704
Λ.	CCH Incorporated						Date of Disbursement						, Y Y
	Mailing Address PO Box 549	0					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Chicago		State IL	Zip Code 60680			Amo	unt c	f Each	n Dis	burse	men	t this Period
	Purpose of Disbursement											·	826.80
	Office Expenses				001			d or D					
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	Office Sought: House	Disburse	ement For:	2008			Δdm	iniet	rative	\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lary/(٦va	_
	Senate	X	Primary	General			rhea	d Ex	pense	es	iai y/ C	J V C	
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_	Full Name (Last, First, Middle Initial	L))					Tran	eact	ion ID	. 05	217_E	Y16	308
В.	American Airlines								isburs	_		./ + () 3 0
	Mailing Address PO Box 619	612 MD 240	0				0 ^M 2	М	/ D	1 2	/ Y	ž	007
	City Dallas		State TX	Zip Code 75261			Amo	unt c	f Each	n Dis	burse	men	t this Period
	Purpose of Disbursement		•						·	332.80			
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	Candidate Name		ategory/ Type			ibution F.R. 40			d Un	ider			
	Office Sought: House		ement For:	2008			Trav	ol F∙	xpens	203			
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C.	American Airlines	,					_		isburs		—	.740	999
	Mailing Address PO Box 619	612 MD 240	0				0 ^M 2	М	/ D	1 2	/ Y	Ž	007
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	Dallas		TX	75261									1000 00
	Purpose of Disbursement Airplane		000						-	1238.80			
	Candidate Name	O02 Category/ Type Refund or Disposal of Exces Contributions Required Under 11 C.F.R. 400.53											
	Office Sought: House	Disburse	ement For:	2008			Trov	ᆈ ᄃ	xpens	200			
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$\overline{\ }$	NAME OF COMM	/IITTEE (In Full)									
/	Bill Shuster for	Congress									
۹.		First, Middle Initial)		Transaction ID: SB							
٦.	Pennsylvania A	Association Of Nota	ırıes				Date of Disburseme				
	Mailing Address	14 Wood Street					0 2 1 2	2007			
	City Pittsburgh			State PA	Zip Code 15222		Amount of Each Dis	bursement this Period			
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	Office Expenses Candidate Name					001	Refund or Dispo Contributions Re				
	Candidate Name					Category/ Type	11 C.F.R. 400.53				
	Office Sought:	House	Disburser		2008		Administrative/Sa	lary/Ove-			
		Senate President		Primary Other (spe	General		rhead Expenses				
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	Mailing Address	1677 Collins Av	enue				03 / 21	2007			
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						Type	11 C.F.R. 400.5	3			
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of or for commercial purposes, other than using the name and address of any political committee to solicit contributions of for for commercial purposes, other than using the name and address of any political committee to solicit contributions of for for for commercial purposes, other than using the name and address of any political committee to solicit contributions of for for for for commercial purposes, other than using the name and address of any political committee to solicit contributions of for for commercial purposes, other than using the name and address of any political committee to solicit contributions of for for commercial purposes. A. Full Name (Last, First, Middle Initial) Date of Disbursement for: State: District: B. Dos Caminos Mailling Address Amount of Eac Amount of Eac Transaction If Date of Disbursement for: State: District: District: District: District: City Full Name (Last, First, Middle Initial) City Full Name (Last, First, Middle Initial) Date of Disbursement for: State: District: District: District: District: District: Transaction If Date of Disbursement for: State: District: District: Transaction If Date of Disbursement for: State: District: District: Transaction If Date of Disbursement for: State: District: Amount of Eac President for	CHEDULE B (FEC Form 3) 'EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 50 / 78 (check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions of NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) A. Filomena Ristorante Mailing Address 1063 Wisconsin Avenue NW City Washington DC 20007 Purpose of Disbursement Meals Candidate Name Office Sought: House Senate President State: District: B. Ull Name (Last, First, Middle Initial) B. City State Zip Code NY 10016 Full Name (Last, First, Middle Initial) B. City State Zip Code NY 10016 Purpose of Disbursement Mailing Address 373 Park Avenue S City New York NY 10016 Purpose of Disbursement Meals Candidate Name Office Sought: House Senate NY 10016 Purpose of Disbursement Meals Candidate Name Office Sought: House Senate President State Zip Code NY 10016 Purpose of Disbursement Meals Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Transaction II Date of Disbursement For: 2008 X Primary General President State: Disbursement For: 2008 X Primary General Travel Expent Travel Expent State: District: Transaction II Date of Disbursement For: 2008 X Primary General Travel Expent State: District: Transaction II Date of Disbursement For: 2008 X Primary General Travel Expent State: District: Transaction II Date of Disbursement For: 2008 X Primary General Travel Expent State: District: Transaction II Date of Disbursement For: 2008 X Primary General Travel Expent State: District: Amount of Eac Amount of Eac Amount of Eac State	and the second for the second Post of the second Po	Detailed Summary Page	20a 20b 20c 21
Bill Shuster for Congress			
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Mailing Address 1063 Wisconsin Avenue NW City State Zip Code DC 20007 Purpose of Disbursement Meals Candidate Name Office Sought: House Senate President State: District: B. Dos Caminos Mailing Address 373 Park Avenue S City New York NY 10016 Purpose of Disbursement For: 2008 Category/ Type Travel Expension II Date of Disbursement Meals Candidate Name Office Sought: House Disbursement For: 2008 Amount of Eac Travel Expension II Date of Disbursement Meals Candidate Name Office Sought: House Disbursement For: 2008 Senate NY 10016 Purpose of Disbursement Meals Candidate Name Office Sought: House Disbursement For: 2008 Senate NY Primary General Disbursement For: 2008 Friars Club Mailing Address 57 East 55th Street City New York NY 10022 Purpose of Disbursement Mailing Address 57 East 55th Street City New York NY 10022 Purpose of Disbursement			Transaction ID: SB17-EX4714 Date of Disbursement
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City New York Purpose of Disbursement Meals Candidate Name Office Sought: Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address Transaction II Date of Disbursement City New York Ny State State State State State State City New York Ny State City New York Purpose of Disbursement Amount of Each Contribution Contribution 11 C.F.R. 4 Travel Expension Transaction II Date of Disbursement Amount of Each Amount of Each Contribution 11 C.F.R. 4 Travel Expension Transaction II Date of Disbursement Amount of Each Amount	,		Transaction ID: SB17-EX4717 Date of Disbursement
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Meals Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address 57 East 55th Street City New York New York Purpose of Disbursement Other (specify) State Zip Code New York Purpose of Disbursement Other (specify) State Zip Code New York NY 10022 Refund or I Contribution II Contributi			Amount of Each Disbursement this Period
Senate President State: District: Full Name (Last, First, Middle Initial) Friars Club Mailing Address 57 East 55th Street City New York Purpose of Disbursement New York Purpose of Disbursement New York Primary Other (specify) New Primary Other (specify) State State State State State NY 17aVel Expension 17aVel Expension 17aVel Expension Amount of Expension Transaction II Date of Disbursement Amount of Each NY 10022	Meals	• • • • • • • • • • • • • • • • • • •	Category/ Contributions Required Under
C. Friars Club Mailing Address 57 East 55th Street City State Zip Code New York NY 10022 Purpose of Disbursement Amount of Eac	Senate X I President	rimary General	Travel Expenses
Mailing Address 57 East 55th Street City State Zip Code New York NY 10022 Purpose of Disbursement			Transaction ID: SB17-EX4629 Date of Disbursement
New York NY 10022 Purpose of Disbursement	Mailing Address 57 East 55th Street		
_ '			Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising	003 Refund or Disposal of Excess	
	Candidate Name		
	Senate X I President	rimary General	Solitication and Fundrais- ing Expenses
SUBTOTAL of Disbursements This Page (optional)	-		9278.68

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule	è	FOR LINE (check only	
	y Information copied from such Reports and for commercial purposes, other than using the				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) Nicole Fedeli-Turiano Mailing Address 4 Devon Drive				Transaction ID: SB17-EX4668 Date of Disbursement M 2 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hollidaysburg Purpose of Disbursement Campaign Workers' Salaries	State Zip Code PA 16648		001	Amount of Each Disbursement this Period 150.00 Refund or Disposal of Excess
	Candidate Name Office Sought: House D Senate President State: District:	isbursement For: 2008 X Primary Gener Other (specify)		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Ove- rhead Expenses
В.	Full Name (Last, First, Middle Initial) Nicole Fedeli-Turiano Mailing Address 4 Devon Drive				Transaction ID: SB17-EX4669 Date of Disbursement M
	City Hollidaysburg Purpose of Disbursement Postage Candidate Name	State Zip Code PA 16648		001 Category/ Type	Amount of Each Disbursement this Period 15.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate President State: District:	isbursement For: 2008 X Primary Gener Other (specify)	al		Administrative/Salary/Ove- rhead Expenses
C.	Full Name (Last, First, Middle Initial) Nicole Fedeli-Turiano Mailing Address 4 Devon Drive				Transaction ID: SB17-EX4776 Date of Disbursement M 3 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hollidaysburg Purpose of Disbursement Campaign Workers' Salaries Candidate Name	State Zip Code PA 16648		001 Category/	Amount of Each Disbursement this Period 150.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House D Senate President State: District:	isbursement For: 2008 X Primary Gener Other (specify)	al	Туре	11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses
s	UBTOTAL of Disbursements This Page (op	tional)		▶	315.60

S	SCHEDULE B (FEC Form 3)						FOR LINE NUMBER:					PAGE 52 / 78				
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	for commercial purposes	s, other than usin														
\setminus	NAME OF COMMITTE	,														
L	Bill Shuster for Con															
Full Name (Last, First, Middle Initial) A. W.E. Campbell Enterprises Inc.											on ID		SB17 ment	-EX4	1648	
	Mailing Address 1	70 Patchway F	Road					- [м 1 ¹	М	/ D	3	D /	Υ	ž 0 ŏ 7	7 ^Y
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	Candidate Name					Ca	ategory/ Type		Co	ntri		าร	Requi			
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В.	Full Name (Last, First, Vorys Sater Seymo		.P								on IE		SB17	-EX4	659	
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	Mailing Address P	ost Office Box	73487					L	0 2				2	_	2007	
	City Cleveland			tate OH	Zip Code 44193			A	mou	nt o	f Eac	h C	Disbur	seme	nt this I	Period
	Purpose of Disbursement							1 L							2002.	10
	Legal Consultant						001									
	Candidate Name						ategory/ Type		11 C.F.R. 400.53							
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	State: Dist	trict:														
C.	Full Name (Last, First, LimoRes.net	Middle Initial)									on ID		SB17 ment	-EX4	1686	
	Mailing Address 24	45 West 72nd	Street					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					7 ^Y			
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	City New York			tate VY	Zip Code 10023			A	mou	nt o	f Eacl	n C	Disbur	seme	nt this I	
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	Candidate Name						Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
	Office Sought: State: Dist	House Senate President trict:		nent For: Primary Other (spe	2008 General cify)			Tr	ave	ΙE	pens	ses	s			
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	y Information copied from such Reports an for commercial purposes, other than using					
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	Bill Shuster for Congress					
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4696
Α.	Valley Forge Suites					Date of Disbursement
	Mailing Address 888 Chesterbrook	Blvd				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
	City	S	tate	Zip Code		Amount of Each Disbursement this Period
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	Purpose of Disbursement Lodging				000	325.82
	Candidate Name				002 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Type	11 C.F.R. 400.53
	Office Sought: House	Disbursen	nent For:	2008		Travel Evnenges
	Senate		Primary	General		Travel Expenses
	President		Other (spec	cify) 🔻		
	State: District:					
В.	Full Name (Last, First, Middle Initial) Valley Forge Suites					Transaction ID: SB17-EX4697 Date of Disbursement
	Mailing Address 888 Chesterbrook	Blvd				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City		tate	Zip Code		Amount of Each Disbursement this Period
	Wayne	F	PA	19087		353.48
	Purpose of Disbursement Lodging				002	Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Туре	11 C.F.R. 400.53
		Disbursen		2008		Travel Expenses
	Senate President		Primary	General		
	State: District:		Other (spe	City) 🔻		
	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4725
C.	Diamond Entertainment					Date of Disbursement
	Mailing Address 4440 DUIL 111	<u> </u>				$\begin{bmatrix} 0 & 3 & \\ 0 & 3 & \\ \end{bmatrix}$
	Mailing Address 1416 Philadelphia					
	City Indiana		tate PA	Zip Code 15701		Amount of Each Disbursement this Period
	Purpose of Disbursement	<u>'</u>		13701		300.00
	Fundraising				003	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursen	nent For:	2008	. 160	
	Senate		Primary	General		Solitication and Fundrais- ing Expenses
	President		Other (spec	cify) 🔻		5 — ∓ ·····
_	State: District:					
s	UBTOTAL of Disbursements This Page (c	ntional)				979.30

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SCHEDULE B (FEC Form 3)			Use sepe	erate schedule(s)		FOR LINE	_		R:			F	AGE	54 / 78	
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<u> </u>	NAME OF COMMITTE	EE (In Full)													
\rangle	Bill Shuster for Con	ngress													
	Full Name (Last, First,	Middle Initial)						Т	rans	acti	on ID:	<u>.</u> .s	B17-	FX47	726
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	Sı	28 S. Washing uite B-20						L	03			<u> </u>			007
	City			state	Zip Code			Α	\moui	nt of	Each	ı D	isburs	emen	t this Period
	Alexandria		\	/A	22314							_			750.70
	Purpose of Disburseme	ent								_		_			759.70
	Fundraising					L	003						osal c		
	Candidate Name						ategory/				:.R. 40		Requir 53	ea Un	der
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2	Full Name (Last, First,	,									-	_	B17-	EX47	754
٠.	Miami Yacht Charte	ers								_	sburs				
	Mailing Address 4(01 Riccayno RI	vd					1	0 3	M /	D 2	2 1) /	ž	0 0 7
Mailing Address 401 Biscayne Blvd															
	City		S	state	Zip Code			Α	Amoui	nt of	Each	ı D	isburs	emen	t this Period
	Miami		F	=L	33132			П				-			
	Purpose of Disburseme	ent						1957.92							
	Fundraising					L	003		Refund or Disposal of Excess Contributions Required Under						
	Candidate Name						ategory/				oution: .R. 40			ed Un	der
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	•	House	Disbursen		2008			S	olitic	atio	n an	d	Fund	rais-	
		Senate		Primary	General				g Ex			_			
		President		Other (spe	ecify)										
		trict:													
•	Full Name (Last, First,												B17-	EX47	757
<i>J</i> .	Joe's Stone Crab R	estaurant								_	sburs				
	Mailing Address 1	1 Washington	Δνοημο					1	0 3	M /	[□] 2	2 1) /	ž	0 0 7
	, , , , , , , , , , , , , , , , , , ,	i wasiiiigtoii i	Avenue									_			
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	Miami Beach		F	=L	33139				-	-		-		-	
	Purpose of Disbursement														954.60
	Fundraising					L	003						osal c		
	Candidate Name						ategory/				:.R. 40		Requir 53	ea Un	der
Office Sought: House Disbursement For: 2008						Туре	-								
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	\vdash	President		Other (spe				ın	g Ex	per	ises				
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	J. 21010							_		_		_			
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SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 55 / 78 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17-EX4758 Joe's Stone Crab Restaurant Date of Disbursement 2 1 0 3 2007 Mailing Address 11 Washington Avenue City State Zip Code Amount of Each Disbursement this Period Miami Beach FL 33139 148.45 Purpose of Disbursement Fundraising 003 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2008 House Solitication and Fundrais-X Primary Senate General ing Expenses President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17-EX4759 Adm World Wide Limousine Date of Disbursement 0 3 2007 Mailing Address 19006 SW 76th Avenue City State Zip Code Amount of Each Disbursement this Period Miami FL 33157 459.00 Purpose of Disbursement Taxi/Car/Bus Expense 002 Refund or Disposal of Excess

2008

General

Disbursement For:

X Primary

Other (specify)

Category/

Type

Contributions Required Under

11 C.F.R. 400.53

Travel Expenses

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	607.45
TOTAL This Period (last page this line number only)	•	91863.24

Candidate Name

Office Sought:

State:

House

Senate

District:

President

SCHEDULE B (FECFORIII 3)	Use seperate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21			
Any Information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) Bill Shuster for Congress	.,					
Full Name (Last, First, Middle Initial) A. Precious Life Inc Mailing Address 1716 12th Avenue			Transaction ID: SB21-EX4670 Date of Disbursement M 2 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period			
Purpose of Disbursement Donations Candidate Name	C	012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	sement For: 2008 X Primary General Other (specify)		Donations			
Full Name (Last, First, Middle Initial) B. Juniata Co Republican Comm.			Transaction ID: SB21-EX4657 Date of Disbursement			
Mailing Address 4 Industrial Park Road			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
City Mifflintown Purpose of Disbursement	State Zip Code PA 17059		Amount of Each Disbursement this Period			
Promotional Tickets Candidate Name	C	012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
9 🗎	sement For: 2008 X Primary General Other (specify)		Donations			
Full Name (Last, First, Middle Initial) C. Bedford Co. Republican Comm			Transaction ID: SB21-EX4771 Date of Disbursement			
Mailing Address 118 Firehouse Road			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $			
City Breezewood	State Zip Code PA 15533		Amount of Each Disbursement this Period 500.00			
Purpose of Disbursement Promotional Tickets Candidate Name	Promotional Tickets 012					
	sement For: 2008 X Primary General Other (specify)	Туре	11 C.F.R. 400.53 Donations			
SUBTOTAL of Disbursements This Page (optional)		712.00			
TOTAL This Period (last page this line number onl						

SCHEDULE B (FECFORIII 3)	Use seperate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) Bill Shuster for Congress	71					
Full Name (Last, First, Middle Initial) A. Franklin Co Republican Committee Mailing Address Suite 293 South Gate N	Aoli		Transaction ID: SB21-EX4644 Date of Disbursement O 2 O 8 O 7			
City			Amount of Each Disbursement this Period			
Chambersburg	State Zip Code PA 17201					
Purpose of Disbursement Donations Candidate Name	C	012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	sement For: 2008 X Primary General Other (specify)	1,700	Donations			
Full Name (Last, First, Middle Initial) B. Blair Co Convention Center			Transaction ID: SB21-EX4752			
B. Blair Co Convention Center			Date of Disbursement			
Mailing Address One Convention Center	Drive		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period			
Purpose of Disbursement Promotional Tickets		012	120.00 Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
9 🗎	sement For: 2008 X Primary General Other (specify)		Donations			
Full Name (Last, First, Middle Initial) C. Republican State Committee of PA			Transaction ID: SB21-EX4645 Date of Disbursement			
Mailing Address 301 Market Street - Sui	te 900		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
City Harrisburg	State Zip Code PA 17101		Amount of Each Disbursement this Period 320.00			
Purpose of Disbursement Donations	' III I					
Candidate Name	V12					
9 🗎	sement For: 2008 X Primary General Other (specify)		Donations			
SUBTOTAL of Disbursements This Page (optional)		815.00			
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17
	Information copied from such Reports and Stat or commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
<u>/</u>	Bill Shuster for Congress			
	Full Name (Last, First, Middle Initial) Brent Gates			Transaction ID: SB21-EX4724 Date of Disbursement
	Mailing Address 310 Penn Street Suite 200			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement	Ir		20.00
	Promotional Tickets Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		xsement For: 2008 X Primary General Other (specify)	1,100	Donations
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21-EX4729
В.	Bedford County CCHL			Date of Disbursement
	Mailing Address 3495 Business 220			03
	City Bedford	State Zip Code PA 15522		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations		012	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	xsement For: 2008 X Primary General Other (specify)		Donations
	State: District: Full Name (Last, First, Middle Initial)			I- ODO4 EV4705
_	Bedford County CCHL			Transaction ID: SB21-EX4765 Date of Disbursement
	Mailing Address 3495 Business 220			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$
	City Bedford	State Zip Code PA 15522		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets	012	24.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ 🗎 I ,	sement For: 2008 X Primary General Other (specify) ▼		Donations
	<u> </u>			144.00
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	17 18 19a 19b 20a 20b 20c X 21
	r Information copied from such Reports and Stater or commercial purposes, other than using the nam			
$\overline{}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress	71		
A.	Full Name (Last, First, Middle Initial) Bedford Co Regional Education Foundation Mailing Address 18 North River Lane	on		Transaction ID: SB21-EX4632 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Everett	State Zip Code PA 15537		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name		012 Category/	250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2008 Primary General Other (specify)	Туре	Donations
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21-EX4634
В.	Bedford Co Regional Education Foundation	on		Date of Disbursement
	Mailing Address 18 North River Lane			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Everett	State Zip Code PA 15537		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets		012	80.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under
	Office Sought: House Disburs Senate President State: District:	ement For: 2006 Primary X General Other (specify)		Donations
_	Full Name (Last, First, Middle Initial) Higgins For District Attorney 2007			Transaction ID: SB21-EX4680 Date of Disbursement
	Mailing Address 205 S. Juliana Street			03 7 0 1 7 2 0 0 7
	City Bedford	State Zip Code PA 15522		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions	250.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	• 🗎 –	ement For: 2008 Primary General Other (specify)		Political Contributions
	JBTOTAL of Disbursements This Page (optional)			580.00

SCHEDULE B (FECFORIII 3)	Lice congrate congdulate)	R LINE NUMBER: PAGE 60 / 78					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one) 17					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Bill Shuster for Congress							
Full Name (Last, First, Middle Initial) Fayette County Republican Committee Mailing Address 40 West South Street		Transaction ID: SB21-EX4681 Date of Disbursement					
	State Zin Code	Assessment of Early Dialysis assessment this David					
	State Zip Code PA 15401	Amount of Each Disbursement this Period					
Purpose of Disbursement Promotional Tickets Candidate Name	012 Catego	Contributions Required Under					
	Type ment For: 2008 Primary General Other (specify) ▼	Donations					
Full Name (Last, First, Middle Initial) St. John The Evangelist School		Transaction ID: SB21-EX4766 Date of Disbursement					
Mailing Address 311 Lotz Avenue - Lakem	ont	03					
Altoona	State Zip Code PA 16602	Amount of Each Disbursement this Period 50.00					
Purpose of Disbursement Donations Candidate Name	012 Catego Type	Refund or Disposal of Excess Contributions Required Under					
ÿ H I -	ment For: 2008 Primary General Other (specify)	Donations					
Full Name (Last, First, Middle Initial) - HASBL		Transaction ID: SB21-EX4768 Date of Disbursement					
Mailing Address PO Box 216		$ \begin{array}{c c} & M & M \\ \hline 0 & 3 & M \end{array} $ $ \begin{array}{c c} & D & D & M \\ \hline 2 & 7 & M \\ \hline \end{array} $ $ \begin{array}{c c} & Y & Y & Y & Y & Y \\ \hline 2 & 0 & 0 & 7 & M \end{array} $					
,	State Zip Code PA 16635	Amount of Each Disbursement this Period					
Purpose of Disbursement Donations	012	150.00 Refund or Disposal of Excess					
Candidate Name	Catego Type	Contributions Required Under					
° 🗎 –	ment For: 2008 Primary General Other (specify) ▼	Donations					
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only)		2511.00					

SCHEDULE C (FEC Form 3)

PAGE 61 / 78 Use separate schedule(s)

LOANS		for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full)			
Bill Shuster for Congress		Tros	nsaction ID: SC10-LN20
LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank		Irar	Election: X Primary General
Mailing Address Commercial Lending 208 West Plank Road			Other (specify)
City Altoona State	PA ZIP Code	16602	
Original Amount of Loan Cumul	lative Payment To Da	ate Balar	nce Outstanding at Close of This Period
30000.00		.00	30000.00
TERMS Date Incurred	Date Due	Interest	Rate Secured:
0 1 D D 2 2 0 0 7 2 20080530			8.2500 _{% (apr)} Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) William F Shuster		Name of Employer JS Government	
Mailing Address		Occupation	
9 Overlook Drive		Congressman Amount	
City State ZIP Hollidaysburg PA 1664	Code	Guaranteed Outstanding:	29539.37
Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Dutstanding:	
Full Name (Last, First, Middle Initial)	١	Name of Employer	
Mailing Address	(Occupation	
	A	Amount	
City State ZIP	Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			30000.00
TOTALS This Period (last page in this line only)			30000.00
Carry outstanding balance only to LINE 3, Schedule D, for t			
Carry outstanding balance only to LINE 3, Schedule D, for t	ms me. n no screau	וופ ש, כמווץ וטרשמום נס app	oroprane nine or Summary.

ImSGHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page $\frac{62/78}{}$ of Schedule C

rederal Election Commission, Washington, D.C. 20463						
Name of Committee (in Full)		FEC	IDENTIFIC <i>A</i>	ATION NUMBER		
Bill Shuster for Congress				C00364935		
	Back Ref ID: SC10-LN20					
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR)		
Full Name S&T Bank	300	00.00		8.2500 %		
Mailing Address Commercial Lending 208 West Plank Road	Date Incurred or Established	0 1	19	2007		
City State Zip Code Altoona PA 16602	Date Due	200805	20080530			
A. Has loan been restructured? No X Yes	If yes, date originally incurred:	0 1	1 9	2007		
B. If line of credit, Amount of this Draw:	Total Outstanding balance:			30000.00		
C. Are other parties secondarily liable for the debt incurred? No X Yes (Endorsers and quarantors mus	it he reported on Sch. C.)					
D. Are any of the following pledged as collateral for the loan: reproperty, goods, negotiable instruments, certificates of depatocks, accounts receivable, cash on deposit, or other simital X No Yes If yes, specify:	eal estate, personal posit, chattel papers,	What is the va	• • •	.00		
		Does the lend interest in it?	ler have a pe	erfected security Yes		
E. Are any future contributions or future receipts of interest inc collateral for the loan? X No Yes If yes, s		What is the es	stimated val	.00		
A depository account must be established pursuant to 11 CFR 100.82 and 100.142.	Location of account					
Date account established:	Address:					
	City, State, Zip:					
F. If neither of the types of collateral described above was plecthe loan amount, state the basis upon which this loan was Future Donations & Fundraisers	dged for this loan, or if the amount p made and the basis on which it assu	edged does no ures repaymen	ot equal or e t.	xceed		
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca		DATE		0 0		
Typed Name Frederick A Clocca Signature		0 1	19	2007		
H. Attach a signed copy of the loan agreement.						
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the are accurate as stated above. II. The loan was made on terms and conditions (including if similar extensions of credit to other borrowers of compart III. This institution is aware of the requirement that a loan move with the requirements set forth at 11 CFR 100.82 and 100.	nterest rate) no more favorable at the able credit worthiness.	e time than tho	ose imposed	for		
AUTHORIZED REPRESENTATIVE		DATE				
Typed Name Richard Scholton Signature T	itle Sr Regional VP	0 1	1 9	2007		

(Use separate schedule(s) for each

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FOR LINE NUMBER:		
(check only one)		9
	Х	10

Excluding Loans		numbered line) X 10
NAME OF COMMITTEE (In Full)		
Bill Shuster for Congress		
A. Full Name (Last, First, Middle Initial) of Debtor Don Pablos	or Creditor	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Plank Road		
City State Altoona PA	ZIP Code 16602	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV1730
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	.00
B. Full Name (Last, First, Middle Initial) of Debtor Covington & Burling	or Creditor	Nature of Debt (Purpose): Invoice: Invoice 60339388 Administrative
Mailing Address 1201 Pennsylvania Avenue	NW	
City State Washington DC	ZIP Code 20004	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3289
7500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	7500.00
C. Full Name (Last, First, Middle Initial) of Debtor CM Events	or Creditor	Nature of Debt (Purpose): Invoice: Invoice #1008 So- litication and
Mailing Address 605 SW Fourth Avenue		
City State Fort Lauderdale FL	ZIP Code 33315	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV4658
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2570.75	.00	2570.75
1) SUBTOTALS This Period This Page (optional)		▶ 10070.75
2) TOTALS This Period (last page this line number of		-
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	>
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	-

PAGE 64 / 78 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Various meals Travel Expenses Capitol Hill Club Mailing Address 300 First Street SE ZIP Code City State DC 20003 Washington Outstanding Balance Beginning This Period Transaction ID: SD10-INV4627 .00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 513.41 .00 513.41 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Finance charges Administrative/ American Express Mailing Address PO Box 360002 ZIP Code City State Fort Lauderdale 33335 FL Outstanding Balance Beginning This Period Transaction ID: SD10-INV4628 .00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period .00 182.10 182.10 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Travel Expenses **Hunan Dynasty** Mailing Address 215 Pennsylvania Avenue ZIP Code City State Washington DC 20003 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4629 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 18.00 .00 18.00 713.51 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 65 / 78 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Invoice: Gasoline Administrative/Salary/ Sheetz Inc. Mailing Address 5700 Sixth Avenue ZIP Code City State PA Altoona 16602 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4630 .00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 31.60 .00 31.60 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/ Sheetz Inc Mailing Address 5700 Sixth Avenue ZIP Code City State Altoona PA 16602 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4631 .00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period .00 42.25 42.25 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Nemacolin Woodlands Resort & Spa Invoice: Travel Expenses Mailing Address 1001 LaFayette Drive ZIP Code City State Farmington PA 15437 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4632 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 66.00 .00 66.00 139.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3.)

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3	CHEDULE D (FEC FOIIII 3)			e separate	
DE	BTS AND OBLIGATIONS			nedule(s) or each	FOR LINE NUMBER: (check only one)
Ex	cluding Loans			bered line)	X 10
	AME OF COMMITTEE (In Full)				
В	ill Shuster for Congress				
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	30 East Main LLC	or or oator			ravel Expenses
	22 - 11 - 22 - 11 - 22 - 11				
	Mailing Address 30 E. Main Street				
	City State	ZIP Code			
	Uniontown PA	15401			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10-INV4633
	.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	70.00	.00	0	1 1	
	70.00	.00	U		70.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	The Embers Inn & Convention Center			Invoice: T	ravel Expenses
	Mailing Address 1700 Harrishurg Dike				
	Mailing Address 1700 Harrisburg Pike				
	City State	ZIP Code			
	Carlisle PA	17013			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10-INV4634
	.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	64.00	.00	0		64.00
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
	The Dream Restaurant			Invoice: 1	ravel Expenses
	Mailing Address 1500 Allegheny Street				
	City State	ZIP Code			
	Hollidaysburg PA	16648			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10-INV4635
	.00				
		Dormont This Davis d		Outotonalia	ng Balance at Close of This Period
	Amount Incurred This Period	Payment This Period		Ouistandir	
	51.16	.00	0		51.16
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1	SUBTOTALS This Period This Page (optional)		•	•	185.16
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SCHEDULE D (FEC Form 3) E

(Use separate schedule(s)

PAGE 67 / 78 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for each	(check only one)	9
Excluding Loans		numbered lir	1e)	X 10
NAME OF COMMITTEE (In Full)				
Bill Shuster for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):	
Main Street Cafe		Invoic	e: Travel Expenses	
Mailing Address 214 Main Street				
City State	ZIP Code			
Alexandria PA	16611			
Outstanding Balance Beginning This Period			Transaction ID: SD10	-INV4636
.00				
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close o	of This Period
38.03	.00			38.03
00.00				00.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose):	
US Postal Service		Invoic Salary	e: Administrative/- //Overhead	
Mailing Address 525 Allegheny Street				
,				
City State Hollidaysburg PA	ZIP Code 16648			
Outstanding Balance Beginning This Period	10010		Transaction ID: SD10	INI\/4627
1 1 1 1 1 1 1 1			Transaction ib. 3D10	-11444037
.00		_		
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of	of This Period
78.00	.00)		78.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose):	
Sheetz Inc		Invoic	e: Gasoline Adminis- /Salary/	
Mailing Address 5700 Sixth Avenue				
	ZID Codo			
City State Altoona PA	ZIP Code 16602			
Outstanding Balance Beginning This Period			Transaction ID: SD10	-INV4638
.00				
	Daymant This Davied	0	andina Dalamaa at Olaas	of This Deviced
Amount Incurred This Period	Payment This Period		anding Balance at Close of	
15.81	.00)		15.81
- 1			44	31.84
1) SUBTOTALS This Period This Page (optional)			13	71.04
2) TOTALS This Period (last page this line number of	only)	. •		
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	<u> </u>		
		_	1 1 1 1 1	• • •
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only) •		

(Use separate schedule(s) for each

PAGE 68 / 78 FOR LINE NUMBER: (check only one)

NAME OF	COMMITTEE (In Full)
Rill Shue	ter for Congress

Excluding Loans		numbered line) X 10
NAME OF COMMITTEE (In Full)		
Bill Shuster for Congress		
A. Full Name (Last, First, Middle Initial) of Debtor or Fairfield Inn	Creditor	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road		
City State Chambersburg PA	ZIP Code 17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV4639
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
75.21	.00	
73.21	.00	75.21
B. Full Name (Last, First, Middle Initial) of Debtor or Fairfield Inn	Creditor	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road		
City State	ZIP Code	
Chambersburg PA	17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV4640
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
75.21	.00	75.21
C. Full Name (Last, First, Middle Initial) of Debtor or Fairfield Inn	Creditor	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road		
City State	ZIP Code	
Chambersburg PA	17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV4641
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
75.21	.00	75.21
1) SUBTOTALS This Period This Page (optional)		225.63
2) TOTALS This Period (last page this line number onl	у)	>
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	·
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)	>

PAGE 69 / 78 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: 1/25 to 2/6 Travel Expenses The National Hotel Mailing Address 1677 Collins Avenue ZIP Code City State Miami Beach FL 33139 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4642 .00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3415.78 .00 3415.78 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Travel Expenses Les Halles Washington Mailing Address 1201 Pennsylvania Avenue NW ZIP Code City State Washington DC 20004 Outstanding Balance Beginning This Period Transaction ID: SD10-INV4643 .00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period .00 42.30 42.30 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Solitication and Fundraising E Wines And Spirits Store Mailing Address 3415 Pleasant Valley Blvd State ZIP Code City Altoona PA 16602 Transaction ID: SD10-INV4644 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 38.14 .00 38.14 3496.22 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3) DI E

(Use separate schedule(s)

PAGE 70 / 78 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for ea	ch	(check only one) 9
xcluding Loans n			d line)	X 10
NAME OF COMMITTEE (In Full)				
Bill Shuster for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor US Postal Service	or Creditor	Nat Inv Sal	ure of De oice: A lary/Ove	ebt (Purpose): dministrative/- erhead
Mailing Address 525 Allegheny Street				
City State Hollidaysburg PA	ZIP Code 16648			
Outstanding Balance Beginning This Period .00			Tran	saction ID: SD10-INV4645
Amount Incurred This Period	Payment This Period	Oı	utstandin	g Balance at Close of This Period
78.00	.00)		78.00
B. Full Name (Last, First, Middle Initial) of Debtor Verizon	or Creditor	Nat Inv Adı	ure of De oice: 81 ministra	ebt (Purpose): 4696022560826Y ttive
Mailing Address PO Box 646				
City State Baltimore MD	ZIP Code 21265			
Outstanding Balance Beginning This Period			Tran	saction ID: SD10-INV4656
Amount Incurred This Period	Payment This Period	Oı	utstandin	g Balance at Close of This Period
162.12	.00.)		162.12
1) SUBTOTALS This Period This Page (optional)		<u> </u>		240.12
2) TOTALS This Period (last page this line number o	nly)	<u>. </u> ▶		15203.08
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	. ▶		
4) ADD 2) and 3) and carry forward to appropriate lii	ne of Summary Page (last page only)) > [

PAGE 71 / 78 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: New Campaign Computer Administr Circuit City Stores Inc Mailing Address 141 Sierra Drive ZIP Code City State PA 16601 Altoona Outstanding Balance Beginning This Period Transaction ID: SD9-INV4429 -50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period -50.00 .00 .00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Administrative/-Salary/Overhead S&T Bank Mailing Address 208 West Plank Road ZIP Code State City Altoona PA 16602 Outstanding Balance Beginning This Period Transaction ID: SD9-INV4473 25.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 25.00 .00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Signature stamp Administrative/ **Quill Corporation** Mailing Address PO Box 94081 State ZIP Code City

1) SUBTOTALS This Period This Page (optional)	•		1	-	ı	 İ	0.0	0	
2) TOTALS This Period (last page this line number only)	_ _				-				1
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•					 		_	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	_ ▶				 	 İ			

Payment This Period

40.52

Transaction ID: SD9-INV4494

Outstanding Balance at Close of This Period

.00

60094

Palatine

IL

Outstanding Balance Beginning This Period

Amount Incurred This Period

40.52

.00

(Use separate schedule(s)

PAGE 72 / 78 FOR LINE NUMBER: _

Χ	9
	10

Excluding Loans		for each numbered line)	(check only one)	X 9				
NAME OF COMMITTEE (In Full)								
Bill Shuster for Congress								
A. Full Name (Last, First, Middle Initial) of Debtor CCH Incorporated	or Creditor		Nature of Debt (Purpose): Invoice: Campaign Finance Guide Administ					
Mailing Address PO Box 5490								
City State Chicago IL	ZIP Code 60680							
Outstanding Balance Beginning This Period 826.80		Tra	nsaction ID: SD9-IN	V4474				
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of	This Period				
.00	826.80	-		.00				
B. Full Name (Last, First, Middle Initial) of Debtor US Members Dining Room	or Creditor		ebt (Purpose): Fravel Expenses					
Mailing Address H-117 The Capitol HOB Rayburn Bldg								
City State Washington DC	ZIP Code 20515							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9-IN	V4475				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period				
.00	18.00			.00				
C. Full Name (Last, First, Middle Initial) of Debtor Pennsylvania Association Of Notaries	or Creditor		ebt (Purpose): lotary license arkle A					
Mailing Address 14 Wood Street								
City State Pittsburgh PA	ZIP Code 15222							
Outstanding Balance Beginning This Period 201.31		Tra	nsaction ID: SD9-IN	V4478				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period				
.00	201.3	1		.00				
1) SUBTOTALS This Period This Page (optional)		. •	0	0.00				
2) TOTALS This Period (last page this line number	only)	>						
3) TOTALS OUTSTANDING LOANS from Schedu	ıle C (last page only)	>						
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only	·) >						

PAGE 73 / 78 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Administrative/-Salary/Overhead US Postal Service Mailing Address 525 Allegheny Street ZIP Code City State PA 16648 Hollidaysburg Outstanding Balance Beginning This Period Transaction ID: SD9-INV4479 4.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.73 .00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): The Dubliner An Irish Pub Invoice: Travel Expenses Mailing Address Number 4 F Street ZIP Code City State Washington DC 20001 Outstanding Balance Beginning This Period Transaction ID: SD9-INV4480 40.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 40.00 .00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Dennys Restaurant Invoice: Travel Expenses Mailing Address I-70 and Route 30 ZIP Code City State Breezewood PA 15533 Transaction ID: SD9-INV4481 Outstanding Balance Beginning This Period 22.71 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period .00 22.71 .00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

(Use separate schedule(s)

PAGE 74 / 78 FOR LINE NUMBER:

Χ	9
	10

Excluding Loans		numbered line)	(Check only one) A 9		
NAME OF COMMITTEE (In Full) Bill Shuster for Congress					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bryant Park Cafe			Nature of Debt (Purpose): Invoice: Travel Expenses		
Mailing Address 476 Fifth Avenue					
City State New York NY	ZIP Code 10018				
Outstanding Balance Beginning This Period		Trar	nsaction ID: SD9-INV4482		
154.51					
Amount Incurred This Period	Payment This Period	Outstandin	ng Balance at Close of This Period		
.00	154.51		.00		
B. Full Name (Last, First, Middle Initial) of Debtor of Peacock Alley	r Creditor		ebt (Purpose): Travel Expenses		
Mailing Address 301 Park Avenue					
City State New York NY	ZIP Code 10022				
Outstanding Balance Beginning This Period		Trar	nsaction ID: SD9-INV4483		
61.36					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
.00	61.36		.00		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Filomena Ristorante			ebt (Purpose): Travel Expenses		
Mailing Address 1063 Wisconsin Avenue NW					
City State Washington DC	ZIP Code 20007				
Outstanding Balance Beginning This Period		Trar	nsaction ID: SD9-INV4484		
4902.12					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
.00	4902.12		.00		
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(Use separate schedule(s) for each

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Exc	Excluding Loans number		bered line)		10	
NA	ME OF COMMITTEE (In Full)		,			
Bill	Shuster for Congress					
				T		
	A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):	
	Amtrak			Invoice: 7	Travel Expenses	
-						
	Mailing Address Market Street					
H	City State	ZIP Code				
	Philadelphia PA	19019				
ı	·			_	000	IND/4405
	Outstanding Balance Beginning This Period			ıra	nsaction ID: SD9-	INV4485
	472.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period
	.00	472.0	0			.00
-	D. Full Name (Last First Middle Initial) of Daktor (on Out ditar		Nature of D	alat (Dumanaa)	
	B. Full Name (Last, First, Middle Initial) of Debtor of Nemacolin Woodlands Resort & Spa	or Greattor		Invoice: 6	ebt (Purpose):	
	Nemaconii Woodiands Neson & Opa			Fundraisi	Solitication and ng E	
	Mailing Address 1001 LaFayette Drive					
	City State	ZIP Code				
-	Farmington PA	15437				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: SD9-l	INV4486
	7413.82					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period
	.00	7413.8	2			.00
L						
	C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):	
	Dos Caminos			Invoice: 7	Travel Expenses	
H	Mailing Address 070 David Assess C					
	Mailing Address 373 Park Avenue S					
F	City State	ZIP Code				
	New York NY	10016				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: SD9-	INV4487
				IIa	ilsaction ib. OD5-	11111-1-07
	336.11					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period
	.00	336.1	1			.00
		000.1				.00
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(Use separate schedule(s) for each

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Excluding Loans		numbered line)	10
NAME OF COMMITTEE (In Full)			
Bill Shuster for Congress			
A. Full Name (Last, First, Middle Initial) of Debtor Fifth Avenue Coffee Bar	or Creditor		ebt (Purpose):
Filth Avenue Collee Bar		invoice:	Travel Expenses
Mailing Address 389 Fifth Avenue			
City State	ZIP Code		
New York NY	10016		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9-INV4488
33.95		0	
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
.00	33.95		.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
Benjamin Hotel		Invoice:	Travel Expenses
Mailing Address 125 East 50th Street			
City State	ZIP Code		
New York NY	10022		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9-INV4489
1140.22			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
.00	1140.22		.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
Benjamin Hotel		Invoice:	Travel Expenses
Mailing Address 125 East 50th Street			
City State	ZIP Code		
New York NY	10022		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9-INV4490
1140.22			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
.00	1140.22		.00
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SCHEDULE D (FEC Form 3)

(Use separate

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DEBTS AND OBLIGATIONS			dule(s) each	(check only one) X 9	
			ered line)	10	
NAME OF COMMITTEE (In Full) Bill Shuster for Congress					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		1	Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra		
Mailing Address PO Box 646					
City State Baltimore MD	ZIP Code 21265				
Outstanding Balance Beginning This Period 147.49			Trar	saction ID: SD9-INV4493	
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period	
.00	147.49	9		.00	
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Form/Schedule: **F3N**Transaction ID:

The accompanying Report of Receipts and Disbursements from January 1 2007 through March 31 2007 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.